# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**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;
- [X] 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, including room or suite number (Employer, if for single-employer plan)

QUAD KNOPF, INC.

5110 WEST CYPRESS AVENUE
VISILIA, CA 93277

**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. | 07/31/2012 | JANEL FREEMAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

5110 WEST CYPRESS AVENUE
VISILIA, CA 93277

**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** | 185 |
| **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** | 99 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 34 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 133 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 133 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 133 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **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 2S 2T 3D

**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 | 2 | **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

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
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 | 0 | 01/01/2011 | 12/31/2011 |

**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 |
|---|---|
| 1142 | 655 |

**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 | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 1142 | 655 | 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 | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |

**(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 | 0 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

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 | 80766 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 529 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 423 | | |
| | (4) Transferred from separate account | 7c(4) | 322 | | |
| | (5) Other (specify below) | 7c(5) | 8 | | |
| | ▶ LOAN PAYMENT | | | | |
| | (6) Total additions | | | 7c(6) | 1282 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 82048 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 35 | | |
| | (2) Administration charge made by carrier | 7e(2) | 735 | | |
| | (3) Transferred to separate account | 7e(3) | 701 | | |
| | (4) Other (specify below) | 7e(4) | 80577 | | |
| | ▶ LOAN WITHDRAWAL, CONTRACT TERM/NOT MATURED | | | | |
| | (5) Total deductions | | | 7e(5) | 82048 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 0 |

## 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 organizations(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 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

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (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 |
| 22-1211670 | 68241 | 007231 | 133 | 01/01/2011 | 12/31/2011 |

**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 |
|---|---|
| 0 | 0 |

**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

| (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 | |
| | | | |

**(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 | 511571 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 74121 |

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 ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 0 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 31946 | | |
| | (2) Dividends and credits | 7c(2) | 10258 | | |
| | (3) Interest credited during the year | 7c(3) | 0 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | 575401 | | |
| | ▶ LOAN PAYMENTS, TRANSFERS IN FOFEITURE CREDITS, PLAN ROLLOVER | | | | |
| | (6) Total additions | | | 7c(6) | 617605 |
| d | Total of balance and additions (add **b** and **c(6)**). | | | 7d | 617605 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 30135 | | |
| | (2) Administration charge made by carrier | 7e(2) | 0 | | |
| | (3) Transferred to separate account | 7e(3) | 7712 | | |
| | (4) Other (specify below) | 7e(4) | 68187 | | |
| | ▶ LOANS, TRANSFERS OUT FORFEITURE DEBITS | | | | |
| | (5) Total deductions | | | 7e(5) | 106034 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 511571 |

## 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 organizations(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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
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).. . . . . ☐ 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 | 2704 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

WELLS FARGO ADVISORS

27-0058684

| (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? |
|---|---|---|---|---|---|---|
| 28 | INVESTMENT ADVISORY | 1218 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WILSON MARKLE STUCKEY HARDESTY & BO

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 | 8562 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| THE PRUDENTIAL INSURANCE COMPANY OF | 61 72 | 0 |

| **(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. |
|---|---|
| PRUDENTIAL INVESTMENTS, LLC<br><br>22-3468527 | 27.000BPS FROM 1/1/2011 TO 12/31/2011 INVESTED IN PRU JENN GROWTH A 74437E107 |

| **(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

**2011**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
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: PRU IFX TGT EASYPATH BAL

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **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) |
|---|---|---|
| 06-1050034-697 | P | 74121 |

**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 | 0 |

**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 | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT R-6

**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 | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP VALUE SEP ACCT R-6

**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) |
|---|---|---|
| 42-0127290-031 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN US PROPERTY SEP ACCT R-6

**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) |
|---|---|---|
| 42-0127290-027 | P | 0 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 42-0127290-005 | P | 0 |

**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) 0 |
|---|---|---|

**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) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MDCAP 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) 0 |
|---|---|---|

**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) 0 |
|---|---|---|

**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) 0 |
|---|---|---|

**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) 0 |
|---|---|---|

**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) 0 |
|---|---|---|

**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) 0 |
|---|---|---|

**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) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM BALANCED SEP ACCT-R6

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

| **c** EIN-PN 42-0127290-105 | **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 SAM CONS BALANCED SA-R6

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

| **c** EIN-PN 42-0127290-106 | **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 SAM CONS GROWTH SA-R6

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

| **c** EIN-PN 42-0127290-107 | **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 SAM FLEXIBLE INCOME SA-R6

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

| **c** EIN-PN 42-0127290-108 | **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 SAM STRAT GROWTH SA-R6

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

| **c** EIN-PN 42-0127290-109 | **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:

**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 |
| **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 |

# 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

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
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) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | 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) | 50437 | 53642 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3731635 | 74121 |
| **(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) | 1561632 | 4581445 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 80606 | 511571 |
| **(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 | 5424310 | 5220779 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **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 | 5424310 | 5220779 |

## 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) | 27547 | |
| **(B)** Participants | 2a(1)(B) | 419569 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 96150 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 543266 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 3141 | |
| **(F)** Other | 2b(1)(F) | 10682 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 13823 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 69070 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 69070 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 146813 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -133610 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 639362 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 831627 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 831627 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 11266 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 11266 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 842893 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | -203531 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [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 & BO (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 | |
| **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 | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | | |
| | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | | |
| | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | | | |
| | **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** | X | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

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

**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** 0

**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 22-1211670

**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 (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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




Celebrating 40 Years!

**Quad Knopf, Inc. 401(k) Savings Plan**

Financial Statements

and

Supplemental Schedule

Year ended December 31, 2011

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 Benefits 2

Statement of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

Supplemental Schedule

Schedule of Assets (Held at End of Year) 22

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 Board of Directors and Plan Administrative Committee for
Quad Knopf, Inc. and 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, 2011 and 2010, and for the year ended December 31, 2011, and a supplemental schedule as of December 31, 2011, 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, Principal Trust Company, Prudential Insurance Company of America and Prudential 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 Principal Life Insurance Company and Principal Trust Company held the Plan investment assets and executed investment transactions from January 1 through February 28, 2011, and Prudential Insurance Company of America and Prudential Trust Company held the Plan investment assets and executed investment transactions from March 1 through December 31, 2011. The Plan administrator has obtained certifications from the custodians, as of and for the years ended December 31, 2011 and 2010, 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, the Plan presents the form and content of the information included in the accompanying financial statements and supplemental schedule in compliance with the DOL Rules and Regulations for Reporting and Disclosure under the ERISA.

Wilson Markle Stuckey Hardesty & Bott, LLP

Wilson Markle Stuckey Hardesty & Bott, LLP
June 5, 2012

ONE HUNDRED ONE
LARKSPUR LANDING CIR
SUITE TWO HUNDRED
LARKSPUR CA 94939
P.415.925.1120
F.415.925.1140
WWW.WMSHB.COM

**Quad Knopf, Inc. 401(k) Savings Plan**
Statement of Net Assets Available for Benefits
December 31, 2011 and 2010

| | 2011 | 2010 |
|---|---|---|
| Assets | | |
| Participant-directed investments, at fair value | | |
| Guaranteed interest contracts | $ 511,571 | $ 80,606 |
| Pooled separate accounts | 74,121 | 3,731,635 |
| Registered investment company shares | 4,581,445 | 1,561,632 |
| Total participant-directed investments | 5,167,137 | 5,373,873 |
| Receivables | | |
| Employer matches | 1,659 | – |
| Participant deferrals | 16,699 | – |
| Employer other | 4,500 | – |
| Participant loans | 53,642 | 50,359 |
| Total receivables | 76,500 | 50,359 |
| Total assets | 5,243,637 | 5,424,232 |
| Liabilities | | |
| Participant deferral and match refunds payable | 137 | – |
| Net assets available for benefits | $5,243,500 | $5,424,232 |

See accompanying notes.

**Quad Knopf, Inc. 401(k) Savings Plan**
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2011

| | |
|---|---|
| Additions to net assets | |
| Investment and other income | |
| Net investment gains | $ 4,316 |
| Dividends | 69,070 |
| Interest | 19,646 |
| Participant loan interest | 3,141 |
| Total investment and other income | 96,173 |
| Contributions | |
| Employer matches | 29,207 |
| Participant deferrals | 436,268 |
| Participant rollovers | 96,150 |
| Employer other | 4,500 |
| Total contributions | 566,125 |
| Total additions to net assets | 662,298 |
| Deductions from net assets | |
| Participant benefits | 831,627 |
| Participant deferral and match refunds | 137 |
| Administrative expenses | 11,266 |
| Total deductions from net assets | 843,030 |
| Change in net assets | ( 180,732) |
| Net assets available for benefits, | |
| Beginning of year | 5,424,232 |
| End of year | $5,243,500 |

See accompanying notes.

**Quad Knopf, Inc. 401(k) Savings Plan**
Notes to Financial Statements
December 31, 2011

## Note 1 – Description of the Plan

The following brief 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 March 1, 2011. 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 immediately 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. Prudential Trust Company serves as Trustee. Prudential Insurance Company of America and Prudential 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, 2011, the Plan paid expenses totaling $11,266.

On October 25, 2010, QKI approved a change of the Custodians for the Plan investment assets from Principal Life Insurance Company and Principal Trust Company to Prudential Insurance Company of America and Prudential Trust Company. QKI notified participants of the change, and related blackout period that ran from February 18 through March 13, 2011, on January 17, 2011. The Plan transferred investment assets and participant loans totaling $5,036,748 and $66,248, respectively, on March 1, 2011, and additional investment assets totaling $172,279, on March 14, 2011.

### 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.

Note 1 – Description of the Plan (continued)

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 death, disability, Plan termination or reaching retirement age. During the year ended December 31, 2011, QKI paid discretionary match contributions equal to 10% of participant deferrals not exceeding 6% of participant compensation. On November 8, 2011, the Board of Directors of QKI approved discretionary match contributions equal to 10% of participant deferrals for the year ending December 31, 2012.

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 1,000 hours of service during and QKI employed at the end of the applicable Plan year. An eligible participant is also one that dies, becomes disabled or reaches early or normal retirement age during 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, 2011, 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. The Plan allocates forfeitures not used to pay Plan administrative expenses to eligible participants based on the relative eligible compensation each participant earns. An eligible participant for the allocation of forfeitures is one that QKI credited with at least 1,000 hours of service during and QKI employed at the end of the applicable Plan year. An eligible participant is also one that dies, becomes disabled or reaches early or normal retirement age during the applicable Plan year. During the year ended December 31, 2011, the Plan accumulated forfeitures and earnings thereon totaling $24,509 and $1,175, respectively and allocated to expense, contributions and participants totaling $9,667, $-0- and $35,058, respectively. As of December 31, 2011 and 2010, the

Note 1 – Description of the Plan (continued)

Plan held unallocated forfeitures and earnings thereon totaling $69,606 and $88,647, 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 their share of investment and administrative fees and forfeitures. In addition, the Plan credits or charges accounts of 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, 2011, the Custodians offered an "evergreen" unallocated-fund guaranteed interest contract, a pooled separate account 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 on the investment amount of each participant. The Custodians invest and secure 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, 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, reaching age 59½, 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 partici-

Note 1 – Description of the Plan (continued)

pant when the Plan pays the benefit. Participants may leave vested balances in the Plan. With certain limitations, participants forfeit unvested matching and profit sharing 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 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.

The Plan reports participant loans as notes receivable. Accordingly, the Plan measures participant loans at cost, as the unpaid principal balance plus any accrued but unpaid interest.

Income tax status

QKI last amended and restated the Plan effective March 1, 2011, and patterned the amended and restated Plan after the “Prototype Non-standardized Profit Sharing Plan with CODA” of the Custodians. The Internal Revenue Service issued the latest determination letter for the “Prototype Non-standardized Profit Sharing Plan with CODA” on March 31, 2008. The favorable determination letter stated that the “Prototype Non-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

Note 1 – Description of the Plan (continued)

was tax-exempt as of December 31, 2011. Consequently, QKI did not include a provision for income taxes.

In addition, management of the Plan considers 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
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. During the year ended December 31, 2011, interest and penalties related to income taxes and tax positions were not material to the financial position of the Plan. As of December 31, 2011, 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, 2012. As of December 31, 2011,

Note 1 – Description of the Plan (continued)

open tax periods subject to future examination by taxing authorities cover periods from January 1, 2008 through December 31, 2011.

On August 29, 2011, the IRS concluded an audit of the Plan and related Form 5500 for the year ended December 31, 2009, and notified QKI that it required no changes to the Plan and related Form 5500.

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 accounting principles generally accepted in the United States of America (US-GAAP). The Plan records deferral, catch-up, matching and profit sharing contributions in the period participants earn the related compensation. The Plan records rollovers when received. The Plan records purchases and sales of investments on a trade-date basis and dividends 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 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

Note 2 – Summary of significant accounting policies (continued)

or Level 2 inputs are not available.

The Plan bases the 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 the fair value of pooled separate accounts (except Principal Real Estate Investors – U. S. Property) on the net asset value (NAV) based on the fair value of the underlying 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 – Market). The Custodians use a third-party pricing service to determine the pricing for fair value determinations using Level 2 inputs. As of December 31, 2011, management of the Plan believed that there were and the Custodians reported no timing or pricing restrictions that would limit the ability of the Plan to withdraw pooled separate accounts, valued using Level 2 inputs, at NAV.

The Plan bases the 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 use various methods, including appraisals and third-party pricing services, to determine fair values. Accordingly, the Plan bases fair value on significant Level 2 – Market and Level 3 – Income inputs. Due to the use of significant Level 3 inputs, management of the Plan considers Level 3 inputs to be most appropriate when determining the fair value of the pooled separate account, Principal Real Estate Investors – U. S. Property.

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 the following approximate percentages of the outstanding benefit payment and transfer out requests on the following dates:

| | |
|---|---|
| January 29, 2010 | 13% |
| May 14, 2010 | 18% |
| June 18, 2010 | 29% |
| July 23, 2010 | 41% |

Note 2 – Summary of significant accounting policies (continued)

| | |
|---|---|
| September 10, 2010 | 67% |
| October 22, 2010 | 100% |
| November 12, 2010 | 100% |
| December 10, 2010 | 100% |
| December 31, 2010 | 100% |
| January 28, 2011 | 100% |
| February 18, 2011 | 100% |
| March 11, 2011 | 100% |

Due to the change of the Custodians for the Plan (Note 1), the Plan was able to withdraw its investments in the pooled separate account, Principal Real Estate Investors – U. S. Property on March 14, 2011, at NAV.

The Plan bases the fair value for the unallocated-fund "evergreen" guaranteed interest contract, which is a fully benefit-responsive investment contract, on contract value. Contract value is the premature surrender value following a non-qualifying event, a Level 3 – Cost input. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Custodians hold participant investments in the unallocated-fund "evergreen" guaranteed interest contract and earnings thereon in the general accounts of the Custodians. The Custodians credit the general account with earnings on the underlying investments and charge for participant withdrawals and administrative expenses. The Custodians are contractually obligated to repay the principal and a specified interest rate that they guarantee to the Plan.

The Plan did not record any reserves against contract value for credit risk of the Custodians or otherwise. As of December 31, 2011, the fair value of the unallocated-fund "evergreen" guaranteed interest contract was not materially different from its contract value. When establishing the interest crediting rate for the unallocated-fund "evergreen" guaranteed interest contract, the Custodians consider many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of a reference portfolio within the general account. The Custodians establish the rate without the use of a specific formula, do not establish the rate below 1.50% and evaluate the rate at least semi-

Note 2 – Summary of significant accounting policies (continued)

-annually.

Certain events limit the ability of the Plan to transact at contract value with the Custodians. Such events include the following: amendments to the Plan documents (including complete or partial plan termination or merger with another plan), bankruptcy of QKI or other QKI events (e.g., divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA. Management of the Plan does not believe that any events that would limit the ability of the Plan to transact at contract value with the Custodians are probable of occurring. The unallocated-fund "evergreen" guaranteed interest contract does not permit the Custodians to terminate it before making payments to participants at contract value.

During the year ended December 31, 2011, the average yield of the unallocated-fund "evergreen" guaranteed interest contract to the Plan and participants totaled 2.70% and 2.70%, respectively.

The Plan bases the fair value for unallocated-fund five-year guaranteed interest contracts, which are not fully benefit-responsive investment contracts, on differences between contract and current interest rates, a Level 2 – Income input and the premature surrender value following a non-qualifying event, a Level 3 – Cost input. Management of the Plan considers the Level 3 input to be the most significant input.

As of December 31, 2011, the fair values and input Levels of the Plan investments totaled as follows:

| Investment | Fair value | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Guaranteed interest contracts | $ 511,571 | $ – | $ – | $511,571 |
| Pooled separate accounts | 74,121 | – | 74,121 | – |
| Registered investment company shares | 4,581,445 | 4,581,445 | – | – |
| Totals | $5,167,137 | $4,581,445 | $74,121 | $511,571 |

Note 2 – Summary of significant accounting policies (continued)

As of December 31, 2010, the fair values and input Levels of the Plan investments totaled as follows:

| Investment | Fair value | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Guaranteed interest contracts | $ 80,606 | $ – | $ – | $ 80,606 |
| Pooled separate accounts | 3,731,635 | – | 3,561,171 | 170,464 |
| Registered investment company shares | 1,561,632 | 1,561,632 | – | – |
| Totals | $5,373,873 | $1,561,632 | $3,561,171 | $251,070 |

During the year ended December 31, 2010, changes in the fair value of investments measured using Level 3 inputs total as follows:

| | Level 3 | Guaranteed interest contracts | Pooled separate accounts |
|---|---|---|---|
| Fair value, December 31, 2010 | $251,070 | $ 80,606 | $170,464 |
| Realized gains and (losses) and unrealized appreciation and (depreciation), net | ( 4,516) | 424 | ( 4,940) |
| Interest | 18,933 | 18,933 | – |
| Purchases and issuances | 536,694 | 529,939 | 6,755 |
| Sales and settlements | ( 290,610) | ( 118,331) | ( 172,279) |
| Fair value, December 31, 2011 | $511,571 | $511,571 | $ – |
| Unrealized appreciation and (depreciation), net | $ – | $ – | $ – |

During the year ended December 31, 2011, there were no transfers of investments between or among Levels 1, 2 and 3.

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, 2011. Because

Note 2 – Summary of significant accounting policies (continued)

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 effect of the market value decline on individual participants, but there is no effect on the ability of the Plan to pay benefits.

The Plan presents 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 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, 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.

Form 5500 variances

Differences between the amounts in the financial statements and Form 5500 result from the accrual of certain receivables (Note 5) and payables (Note 6) in the financial statements but not in the Form 5500 and certain classification differences, all of which are reconciled in Note 8.

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. Actual results could differ from those estimated.

Note 2 – Summary of significant accounting policies (continued)

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 June 5, 2012, the date these financial statements were available for issuance (Note 9).

Note 3 – Schedule of assets held by the Custodians

A schedule of assets held by the Custodians and invested in unallocated-fund guaranteed interest contracts, pooled separate accounts, registered investment company shares and participant loans as of December 31, 2011 and 2010, 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:

| | 2011 | 2010 |
|---|---|---|
| Unallocated-fund guaranteed interest contracts | | |
| The Prudential Insurance Company of America | | |
| "Evergreen" | $ 511,571 | $ – |
| The Principal Life Insurance Company | | |
| Five Years | – | 80,606 |
| Total unallocated-fund guaranteed interest contracts | 511,571 | 80,606 |
| Pooled separate accounts | | |
| The Prudential Insurance Company of America | | |
| Prudential IncomeFlex Target EasyPath Balanced | 74,121 | – |
| The Principal Life Insurance Company | | |
| Principal Global Investors – | | |
| Principal Bond and Mortgage | – | 559,025 |
| Principal Global Investors – | | |
| Principal Large Cap S&P 500 Index | – | 368,109 |
| Goldman Sachs Asset Management/Los Angeles | | |
| Capital Management – Principal MidCap Value I | – | 339,348 |
| Principal Global Investors – Principal Mid Cap Blend | – | 406,299 |

Note 3 – Schedule of assets held by the Custodians (continued)

| | | |
|---|---|---|
| Principal Global Investors – | | |
| Principal Diversified International | – | 353,170 |
| Others (individually less than 5% each) | – | 1,705,684 |
| Total pooled separate accounts | 74,121 | 3,731,635 |
| Registered investment company shares | | |
| Others | | |
| Prudential Jennison Growth A | 616,950 | – |
| American Funds Washington Mutual R4 | 782,615 | – |
| American Funds EuroPacific Growth R4 | 784,239 | – |
| PIMCO Total Return Admin | 929,163 | – |
| Perkins Mid Cap Value S | 281,817 | – |
| Capital Research and Management Company – | | |
| American Funds Fundamental Investors | – | 345,716 |
| Others (individually less than 5% each) | 1,186,661 | 1,215,916 |
| Total registered investment company shares | 4,581,445 | 1,561,632 |
| Participant loans | 53,642 | 50,359 |
| Total assets held by the Custodians | $5,220,779 | $5,424,232 |

During the year ended December 31, 2011, net investment gains and losses (Note 2) and dividends and interest of the investments totaled $4,316 and $91,857, respectively, as follows:

| | Net investment gain (loss) | Dividends and interest |
|---|---|---|
| Unallocated-fund guaranteed interest contracts | | |
| The Prudential Insurance Company of America | | |
| "Evergreen" | $ – | $10,258 |
| The Principal Life Insurance Company | | |
| Five Years | 424 | 8,675 |
| Total unallocated-fund guaranteed interest contracts | 424 | 18,933 |

Note 3 – Schedule of assets held by the Custodians (continued)

| | | |
|---|---|---|
| Pooled separate accounts | | |
| The Prudential Insurance Company of America | | |
| Prudential IncomeFlex Target EasyPath Balanced | ( 899) | – |
| The Principal Life Insurance Company | | |
| Principal Global Investors – | | |
| Principal Bond and Mortgage | 8,522 | – |
| Principal Global Investors – | | |
| Principal Large Cap S&P 500 Index | 21,520 | – |
| Goldman Sachs Asset Management/Los Angeles | | |
| Capital Management – Principal MidCap Value I | 20,533 | – |
| Principal Global Investors – Principal Mid Cap Blend | 27,410 | – |
| Principal Global Investors – | | |
| Principal Diversified International | 10,620 | – |
| Others (individually less than 5% each) | 51,464 | 713 |
| Total pooled separate accounts | 139,170 | 713 |
| Registered investment company shares | | |
| Other | | |
| Prudential Jennison Growth A | ( 14,533) | – |
| American Funds Washington Mutual R4 | 8,435 | 16,076 |
| American Funds EuroPacific Growth R4 | ( 138,857) | 13,097 |
| PIMCO Total Return Admin | 3,837 | 23,743 |
| Perkins Mid Cap Value S | ( 18,974) | 1,592 |
| Capital Research and Management Company – | | |
| American Funds Fundamental Investors | 20,172 | – |
| Others (individually less than 5% each) | 4,642 | 14,562 |
| Total registered investment company shares | ( 135,278) | 69,070 |
| Participant loans | – | 3,141 |
| Totals | $ 4,316 | $91,857 |

Note 4 – Financial information certified by the Custodians

Prudential Insurance Company of America and Prudential 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, 2011, statement of changes in net assets available for benefits for the year ended December 31, 2011, supplemental schedule as of December 31, 2011, 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, receivables (Note 5) and payables (Note 6). Independent auditors did not audit the 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, 2010, 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, receivables (Note 5) and payables (Note 6). Independent auditors did not audit the information certified by the Custodians.

Note 5 – Receivables

Participants pay their loans in bi-weekly installments of principal and fixed interest, at rates ranging from 4.25%-6.00%. Remaining participant account balances secure the loans and they mature on various dates from January 16, 2012 through July 29, 2016.

The Plan accelerates participant loan maturity upon participant termination, death, withdrawal of security or after one full quarter after a scheduled payment remains unpaid.

As of December 31, 2011, matches of and deferrals from compensation earned during 2011 and subsequently received and allocated by the Custodians during 2012, totaled $1,659 and $16,699, respectively.

During the year ended December 31, 2011, QKI failed to calculate deferrals and related match on certain eligible compensation participants deferred pre-tax to fund HSA and FSA accounts. The management of QKI estimated the amount needed to

Note 5 – Receivables (continued)

correct the error and restore to participant accounts, including lost earnings, of $4,500. QKI plans to calculate and remit the proper amount during the year ended December 31, 2012. Accordingly, the Plan recorded a receivable as of December 31, 2011.

Note 6 – Participant match and deferral refunds payable

As of December 31, 2011, the Plan accrued participant match and deferral refunds totaling $137, 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, 2011. The plan paid the refunds on March 2, 2012.

Note 7 – Terminated participants

As of December 31, 2011 and 2010, participants who were no longer employees of QKI had $511,616 and $1,236,096 remaining in their accounts, respectively. Vested balances totaled $492,936 and $1,192,106, respectively.

Note 8 – Reconciliation between the financial statements and Form 5500

As of December 31, 2011, differences between amounts herein and on Form 5500 reconciled as follows:

| | Herein | Form 5500 | Differences |
|---|---|---|---|
| Investments | | | |
| Guaranteed interest contracts | $ 511,571 | $ 511,571 | $ – |
| Pooled separate accounts | 74,121 | 74,121 | – |
| Registered investment company shares | 4,581,445 | 4,581,445 | – |
| Receivables | | | |
| Employer matches | 1,659 | – | 1,659 |
| Participant deferrals | 16,699 | – | 16,699 |
| Employer other | 4,500 | – | 4,500 |
| Participant loans | 53,642 | 53,642 | – |

Note 8 – Reconciliation between the financial statements and Form 5500 (continued)

| | | | |
|---|---|---|---|
| Payable | | | |
| Participant deferral and match refunds | ( 137) | – | ( 137) |
| Net assets available for benefits | $5,243,500 | $5,220,779 | $22,721 |

As of December 31, 2010, differences between amounts herein and on Form 5500 reconciled as follows:

| | Herein | Form 5500 | Differences |
|---|---|---|---|
| Investments | | | |
| Guaranteed interest contracts | $ 80,606 | $ 80,606 | $ – |
| Pooled separate accounts | 3,731,635 | 3,731,635 | – |
| Registered investment company shares | 1,561,632 | 1,561,632 | – |
| Receivable | | | |
| Participant loans | 50,359 | 50,437 | ( 78) |
| Net assets available for benefits | $5,424,232 | $5,424,310 | ($78) |

During the year ended December 31, 2011, differences between amounts herein and on Form 5500 reconciled as follows:

| | Herein | Form 5500 | Differences |
|---|---|---|---|
| Additions | | | |
| Net investment gains | $ 4,316 | $ 13,203 | ($ 8,887) |
| Dividends | 69,070 | 69,070 | – |
| Interest | 19,646 | 10,682 | 8,964 |
| Participant loan interest | 3,141 | 3,141 | – |
| Employer matches | 29,207 | 27,547 | 1,660 |
| Participant deferrals | 436,268 | 419,569 | 16,699 |
| Participant rollovers | 96,150 | 96,150 | – |
| Employer other | 4,500 | – | 4,500 |
| Deductions | | | |
| Participant benefits | ( 831,627) | ( 831,627) | – |
| Participant deferral and match refunds | ( 137) | – | ( 137) |
| Administrative expenses | ( 11,266) | ( 11,266) | – |
| Change in net assets | ($180,732) | ($203,531) | $22,799 |

Note 9 – Subsequent events

On November 11, 2011, ACEC Retirement Trust notified QKI of a change of the Custodians for the Plan investment assets from Prudential Insurance Company of America and Prudential Trust Company to Great-West Life & Annuity Insurance Company. QKI notified participants of the change, and related blackout period that ran from January 19 through February 3, 2012, on December 12, 2011. The Plan transferred investment assets and participant loans totaling $5,330,859 and $72,141, respectively, on January 25, 2012, and additional investment assets totaling $24,732, on January 26, 2012. On February 3, 2012, the Trustee changed from Prudential Trust Company to Orchard Trust Company, LLC.

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, 2011

| (a) | (b) Identity of issue, borrower, lessor and (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|
| | The Prudential Insurance Company of America | | |
| | Unallocated-fund guaranteed interest contracts | | |
| * | Guaranteed Income Fund | | $ 511,571 |
| | Pooled separate accounts | | |
| * | Prudential IncomeFlex Target EasyPath Balanced | | 74,121 |
| | Prudential Investment Management Services LLC | | |
| | Registered investment company shares | | |
| * | Prudential Jennison Growth A | | 616,950 |
| * | Allianz NFJ Small Cap Value Admin | | 257,244 |
| * | American Funds Washington Mutual R4 | | 782,615 |
| * | American Funds EuroPacific Growth R4 | | 784,239 |
| * | T. Rowe Price Mid-Cap Growth Adv | | 213,166 |
| * | PIMCO Total Return Admin | | 929,163 |
| * | Perkins Mid Cap Value S | | 281,817 |
| * | Columbia Small Cap Growth I A | | 147,484 |
| * | Vanguard Institutional Index Instl | | 217,774 |
| * | Nuveen Real Estate Secs I | | 123,288 |
| * | Columbia Small Cap Index A | | 103,856 |
| * | Dreyfus MidCap Index | | 122,542 |
| * | Templeton Global Bond A | | 280 |
| * | BlackRock Global Allocation Inv A | | 456 |
| * | Invesco Developing Markets Instl | | 282 |
| * | Invesco International Small Company A | | 289 |
| | Participant loans, 4.25%–6.00% | – | 53,642 |
| | Total assets held for investment purposes at end of year | | $5,220,779 |

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

RUN DATE: 01/23/12
CYCLE: 11DEC#B
PLAN NBR: 007231

PLAN NAME: Quad Knopf , Inc . 401(k) Savings

PLAN SPONSOR EIN: 942228472

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2011

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | IDENTITY OF ISSUE , BORROWER , LESSOR , OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE , RATE OF INTEREST ,COLLATERAL , PAR OR MATURITY VALUE | COST | CURRENT VALUE |
| * | THE PRUDENTIAL INSURANCE COMPANY OF AMERICA | GUARANTEED INCOME FUND | 511,571 | 511,571 |
| * | THE PRUDENTIAL INSURANCE COMPANY OF AMERICA | PRU IFX TGT EASYPATH BAL | 74,155 | 74,121 |
| | PRUDENTIAL MUTUAL FUNDS | TEMP GLOB BOND FD A | 296 | 281 |
| | PRUDENTIAL MUTUAL FUNDS | BLACKROCK GLOBAL ALLOC A | 469 | 456 |
| | PRUDENTIAL MUTUAL FUNDS | INV DEVLP MRKTS FD INSTL | 295 | 282 |
| | PRUDENTIAL MUTUAL FUNDS | VANGUARD INSTITL INDEX | 228,402 | 217,774 |
| | PRUDENTIAL MUTUAL FUNDS | PRU JENN GROWTH A | 629,309 | 616,950 |
| | PRUDENTIAL MUTUAL FUNDS | ALLIANZ NFJ SM CAP ADMIN | 275,425 | 257,244 |
| | PRUDENTIAL MUTUAL FUNDS | WASHINGTON MUT INVEST R4 | 774,992 | 782,615 |
| | PRUDENTIAL MUTUAL FUNDS | AMER:EUROPACIFIC GROW R4 | 918,070 | 784,239 |
| | PRUDENTIAL MUTUAL FUNDS | INV INTERNA SMALL CO FD A | 291 | 289 |
| | PRUDENTIAL MUTUAL FUNDS | TROWE MID CAP GROW ADV | 245,159 | 213,166 |
| | PRUDENTIAL MUTUAL FUNDS | NUVEEN REAL EST SEC I | 122,435 | 123,288 |
| | PRUDENTIAL MUTUAL FUNDS | PIMCO TOT RET BOND ADMIN | 930,356 | 929,163 |
| | PRUDENTIAL MUTUAL FUNDS | COLUMBIA SMALL CP INDEX A | 111,258 | 103,856 |
| | PRUDENTIAL MUTUAL FUNDS | DREYFUS MID CAP INDEX FD | 137,017 | 122,542 |
| | PRUDENTIAL MUTUAL FUNDS | JNS PRK MID CAP VAL S | 320,673 | 281,817 |
| | PRUDENTIAL MUTUAL FUNDS | COL SM CAP GR I A | 171,461 | 147,484 |
| | PARTICIPANT LOANS | 4.25% - 5.25% | 0 | 53,642 |

$$$% SIDE=NUFRONT ,END;