

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1990</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1990</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NCL GRAPHIC SPECIALTIES, INC.</u> <u>N29 W22960 MARJEAN LANE</u> <u>WAUKESHA, WI 53186-1016</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>39-1051221</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>262-832-6100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>39-1051221</u>	2c Sponsor's telephone number <u>262-832-6100</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>39-1051221</u>					
2c Sponsor's telephone number <u>262-832-6100</u>					
2d Business code (see instructions) <u>323100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/14/2013</u> Date	<u>JAMES KRUIT</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 262
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	213
b Retired or separated participants receiving benefits.....	6b	82
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	295
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	295
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	200
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NCL GRAPHIC SPECIALTIES, INC.</u>	D Employer Identification Number (EIN) <u>39-1051221</u>

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
CHARLES SCHWAB INV. MGMT. INC.

94-3106735

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

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

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

BAKER TILLY INVESTMENT ADVISORS

39-1908691

(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 51	NONE	14233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SVA PLUMB RETIREMENT PLAN SVCS, LLC

80-0123874

(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?
15 50 59	NONE	2360	Yes ☒ No ☐	Yes ☐ No ☒	5138	Yes ☐ No ☒

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

SVA PLUMB FINANCIAL

27-4605583

(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 51	NONE	6905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB BANK

42-1558009

(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?
19 28 52 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	4385	Yes ☒ No ☐

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

ALLIANCE BENEFIT GROUP

37-0899315

(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?
15 50 59	NONE	1050	Yes ☒ No ☐	Yes ☐ No ☒	2066	Yes ☐ No ☒

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
52 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
CHARLES SCHWAB BANK	19 28 52 62	3194
(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.
SVA PLUMB RETIREMENT PLAN SVCS, LLC 1221 JOHN Q. HAMMONS DR. MADISON, WI 53717 80-0123874	QUARTERLY MARKET VALUE CHARGES	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 28 52 62	1190
(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.
ALLIANCE BENEFIT GROUP 1200 JOHN Q. HAMMONS DR., STE.201 MADISON, WI 53717 37-0899315	QUARTERLY MARKET VALUE CHARGES	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SVA PLUMB RETIREMENT PLAN SVCS, LLC	15 50 59	5138
(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.
CHARLES SCHWAB & CO., INC. 211 MAIN ST. SAN FRANCISCO, CA 94105 94-1737782	SHAREHOLDER SERVICING FEES USED TO OFFSET RECORDKEEPING FEES	

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
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(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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2012</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

<p>A Name of plan <u>NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>002</u></p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NCL GRAPHIC SPECIALTIES, INC.</u></p>	<p>D Employer Identification Number (EIN) <u>39-1051221</u></p>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: CHARLES SCHWAB STABLE VALUE FUND

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

c EIN-PN <u>81-0625180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>446997</u>
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 NCL GRAPHIC SPECIALTIES, INC.	D Employer Identification Number (EIN) 39-1051221	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	120043	9801
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	105033
	(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)	117892	158440
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	249537	446997
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4184461	4881647
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	4671933	5601918

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4671933	5601918
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	49171	
(B) Participants	2a(1)(B)	348302	
(C) Others (including rollovers)	2a(1)(C)	245213	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		642686

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11	
(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)	5980	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5991

(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)	153669	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		153669

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9081
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		485898
c Other income.....	2c		60
d Total income. Add all income amounts in column (b) and enter total.....	2d		1297385

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	342852	
(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)		342852
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)	3410	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	21138	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		24548
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		367400

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		929985
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **VRAKAS & BLUM, S.C.**

(2) EIN: **39-1453055**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NCL GRAPHIC SPECIALTIES, INC.</u>	D Employer Identification Number (EIN) <u>39-1051221</u>

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year	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 line 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 lines (a) through (c)

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

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

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

**NCL GRAPHIC SPECIALTIES, INC. 401(K)
SALARY SAVINGS PLAN**

FINANCIAL STATEMENTS - MODIFIED CASH BASIS

AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2012 AND 2011

WITH INDEPENDENT AUDITORS' REPORT



INDEPENDENT AUDITORS' REPORT

To the Trustees
NCL Graphic Specialties, Inc. 401(k) Salary Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2012 and 2011 and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Charles Schwab Bank, the agent of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the agent holds the plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the agent as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the agent is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With Department of Labor's Rules and Regulations

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 agent, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Vrakas/Blum, S.C.

Brookfield, Wisconsin
September 9, 2013

NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2012 AND 2011

	2012	2011
INVESTMENTS AT FAIR VALUE		
Cash	\$ 9,801	\$ 43
Money market account		
Schwab Retirement Advantage Money Fund	105,033	120,000
Common/collective trust funds		
Schwab Stable Value Fund Institutional II	-	251,271
Wells Fargo Stable Value Fund	459,970	-
Mutual funds		
Allianz NFJ Dividend Value Institutional Fund	81,391	349,375
Aston/River Road Small Cap Value Fund N	148,723	137,728
Blackrock Equity Dividend CL I	448,636	-
Columbia Acorn International Fund Z	320,472	144,061
Dodge & Cox International Stock Fund	307,240	166,267
Fairholme Fund	-	265,416
FPA New Income Fund	59,838	72,552
American Funds Growth Fund of America R5	367,950	295,641
IVA International Fund I	290,083	173,568
JP Morgan Mid-Cap Value Institutional Fund	380,179	318,550
Loomis Sayles Bond Retail Fund	232,249	124,471
Munder Mid-Cap Core Growth Fund Y	366,393	315,737
PIMCO Commodity Real Return Strategy Institutional Fund	174,442	122,389
PIMCO Global Multi-Asset Institutional Fund	-	38,396
PIMCO GNMA Institutional Fund	244,433	84,595
PIMCO Total Return Fund D	629,552	719,181
Royce Value Plus Investment Fund	-	158,962
Schwab S&P 500 Index Select Fund	372,495	317,747
Sierra Core Retirement Fund R	-	147,571
Thornburg Investment Income Builder Fund	4,825	59,971
Vanguard Short-Term Federal Fund	115,780	72,541
Vanguard Wellington Fund	178,964	-
Wasatch Small Cap Growth Fund	158,002	-
Wilmington Multi-Manager Real Asset Fund A	-	99,742
TOTAL INVESTMENTS AT FAIR VALUE	5,456,451	4,555,775
NOTES RECEIVABLE FROM PARTICIPANTS	158,440	117,892
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	5,614,891	4,673,667
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR SCHWAB STABLE VALUE FUND INSTITUTIONAL II	-	(1,734)
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR WELLS FARGO STABLE VALUE FUND	(12,973)	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 5,601,918	\$ 4,671,933

The accompanying notes are an integral part of these statements.

NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
ADDITIONS TO NET ASSETS		
ATTRIBUTED TO		
Employee elective deferral contributions	\$ 348,302	\$ 310,759
Employee rollover contributions	245,213	80,936
Employer matching contributions	49,171	58,589
Other cash receipts	60	42
Interest, dividends and capital gains distributions from mutual funds	153,669	145,990
Net appreciation (depreciation) in fair value of mutual funds	485,898	(292,059)
Net appreciation in contract value of common/collective trust funds	9,081	10,925
Interest income on money market account	11	11
Interest income on notes receivable from participants	5,980	5,610
TOTAL ADDITIONS	1,297,385	320,803
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO		
Benefits to participants	342,852	327,774
Administrative expenses	24,548	21,849
TOTAL DEDUCTIONS	367,400	349,623
NET CHANGE	929,985	(28,820)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	4,671,933	4,700,753
End of year	\$ 5,601,918	\$ 4,671,933

The accompanying notes are an integral part of these statements.

NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS

DECEMBER 31, 2012 AND 2011

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of accounting - The accompanying financial statements have been prepared on the modified cash basis of accounting. Under that basis, certain additions and the related assets are recognized when received rather than when earned and certain deductions are recognized when paid rather than when the obligation is incurred. That basis differs from accounting principles generally accepted in the United States of America primarily because the plan has not recognized contributions receivable and the related effect on changes in net assets in the accompanying financial statements.

Accounting estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and uncertainties - The plan invests in various investments. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits - modified cash basis.

Subsequent events - The preparation of these financial statements includes the plan administrator's evaluation of the events and transactions occurring subsequent to December 31, 2012 through September 9, 2013, which is the date the financial statements were available to be issued.

Key parties of the plan - NCL Graphic Specialties, Inc. is the plan sponsor/employer and the plan administrator. SVA Retirement Plan Services, LLC was the third party administrator that maintained participant records, performed various compliance tests and acted as tax counsel until it was acquired by Alliance Benefit Group ("ABG") in 2012 and ABG assumed these responsibilities. Charles Schwab Bank ("Schwab") is the asset custodian and agent and Baker Tilly Investment Advisors, LLC is the investment advisor. Three board members of NCL Graphic Specialties, Inc. were trustees. In 2013 the plan was amended to remove two of the trustees and add another board member of the plan sponsor as a trustee.

Investments - The plan sponsor/employer determines the investments available to plan participants. The participants allocate their contributions and transfer existing balances among the available investment options.

At the end of each business day, Schwab determines the fair value of the investments and allocates the fair value to the participants. The net appreciation (depreciation) in the fair value of investments bought, sold and held during the years is reflected in the statements of changes in net assets available for benefits - modified cash basis.

The Schwab Stable Value Fund Institutional II, with a contract unit value of \$1 and a fair market unit value of \$1.01 as of December 31, 2011 as certified by Schwab is a stable value investment that invests directly in common trust funds that hold fully benefit-responsive investment contracts.

The Wells Fargo Stable Value Fund, with a contract unit value of \$1 and a fair market unit value of \$1.03 as of December 31, 2012 as certified by Schwab is a stable value investment that invests directly in common trust funds that hold fully benefit-responsive investment contracts.

The Schwab Stable Value Fund Institutional II and Wells Fargo Stable Value Fund are fully benefit-responsive investment contracts. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-response 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 statements of net assets available for benefits - modified cash basis present the fair value of the fully benefit-responsive investment contracts as well as the adjustment of the investment contracts from fair value to contract value. The statements of changes in net assets available for benefits - modified cash basis are prepared on a contract value basis.

Participants have seven "models" as investment options. These models allocate a fixed percentage of contributions to the available money market account, common/collective trust funds and mutual funds. Participants should refer to the plan sponsor for a summary of the models and the allocation percentages. Participants may also invest directly in investments without use of the models.

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Level 1 - Valuation is based upon quoted prices in active markets for identical investments.

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Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds and money market account - Valued at the net asset value of shares held by the plan.

Common/collective trust funds - Valued based on the plan's pro rata ownership of the underlying assets held in the common/collective trust funds as certified by the plan agent.

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

The plan administrator determines by level, within the fair value hierarchy, the plan's investments at fair value as of December 31, 2012 and 2011 as set forth below.

Investments at fair value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Cash	\$ 9,801	\$ -	\$ -	\$ 9,801
Money market account	105,033	-	-	105,033
Common/collective trust fund	-	459,970	-	459,970
Mutual funds				
Equity income	534,852	-	-	534,852
Small company	148,723	-	-	148,723
Foreign stock	627,712	-	-	627,712
Growth	1,562,607	-	-	1,562,607
Corporate bonds	921,639	-	-	921,639
Specialty	174,442	-	-	174,442
Government bonds	360,213	-	-	360,213
Growth and income	551,459	-	-	551,459
Total investments at fair value	<u>\$4,996,481</u>	<u>\$459,970</u>	<u>\$ -</u>	<u>\$5,456,451</u>

Investments at fair value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Cash	\$ 43	\$ -	\$ -	\$ 43
Money market account	120,000	-	-	120,000
Common/collective trust fund	-	251,271	-	251,271
Mutual funds				
Equity income	409,346	-	-	409,346
Small company	137,728	-	-	137,728
Foreign stock	310,328	-	-	310,328
Growth	1,527,874	-	-	1,527,874
Corporate bonds	916,204	-	-	916,204
Specialty	122,389	-	-	122,389
Government bonds	157,136	-	-	157,136
Growth and income	417,489	-	-	417,489
Income	38,396	-	-	38,396
Balanced	147,571	-	-	147,571
Total investments at fair value	<u>\$4,304,504</u>	<u>\$251,271</u>	<u>\$ -</u>	<u>\$4,555,775</u>

2. DESCRIPTION OF PLAN

The following brief description of the plan is provided for general information purposes only. Participants should refer to the plan documents for more complete information.

General - The plan was established as a defined contribution plan on January 1, 1990. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent amendments.

Eligibility - Employees are eligible once they have completed three months of service and have reached age eighteen. An employee can enter the plan on the first day of the month immediately following the date the plan's eligibility requirements are met.

Contributions - Contributions to the plan can be made in the following ways:

- a. Participants may contribute a percentage of their compensation subject to certain limitations (employee elective deferral contributions). The plan permits Roth elective deferrals.
- b. Rollover contributions are accepted by the plan from other qualified plans.

- c. The employer may make matching contributions at its discretion equal to a discretionary percentage of the employee's elective deferral contributions. The company elected to make a matching contribution equal to 25% of the first 6% of the employee's compensation contributed to the plan as employee elective deferral contributions in 2012 and 2011.
- d. A profit sharing contribution may be made at the employer's discretion. Participants are required to work 1000 hours during the plan year and be employed on the last day of the plan year to be eligible for a profit sharing contribution. No such contributions were made in 2012 or 2011.

Participant accounts - Each participant's account is credited with the employee's elective deferral contributions, rollover contributions, and an allocation of the employer's contributions. Earnings, including the appreciation or depreciation, are allocated to participant accounts on a daily basis based upon the performance of the investment options selected. Participants are allowed to transfer funds between the various investment options daily and change their deferral percentage on a monthly basis.

Vesting - Participants are always 100% vested in their elective deferral and rollover contributions and related earnings. Participants begin vesting in employer matching and profit sharing contributions and related earnings upon two full years of service, at which time they are 20% vested. The participant then vests at the rate of 20% for each year thereafter. Upon death, disability or qualified retirement participants become 100% vested.

Forfeitures - Forfeited nonvested accounts, which are held in the money market account, are either allocated to remaining participants or are used to reduce the amount of the employer's matching and profit sharing contributions. Forfeitures of \$14,806 and \$517 were used to reduce employer contributions in 2012 and 2011. There are no unapplied forfeitures as of December 31, 2012. Unapplied forfeitures as of December 31, 2011 were \$12,815.

Payment of benefits - Benefit payments may commence upon termination of employment, death, disability, or attainment of normal retirement age. Distributions may be in the form of a single lump sum or installment payments if in accordance with required minimum distributions. In addition, hardship withdrawals are permitted under the plan. In-service withdrawals of fully vested accounts may commence upon attaining the age of 59 1/2.

Administrative fees - Certain administrative fees of the plan are paid by the employer.

Notes receivable from participants - Participants can take out loans against their accounts with the approval of the plan administrator. The minimum loan amount is \$1,000 and the maximum amount is the lesser of one-half of the participant's vested account balance, or \$50,000. Participants may only have two loans outstanding at any given time. The repayment term generally cannot exceed 5 years except when the loan is for the purchase of a principal residence. As of December 31, 2012, loans outstanding had various repayment schedules through May 2022 and interest rates ranging from 4.25% to

9.5%. The notes receivable from participants are valued at their unpaid principal balances plus any accrued but unpaid interest, which approximates fair value.

3. RELATED PARTY TRANSACTIONS

Certain plan investments are managed by Schwab. Schwab is the agent and custodian as defined by the plan and therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from prohibited transaction rules of ERISA.

4. TERMINATION OF PLAN

Although it has not expressed any intent to do so, the company has the right to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

5. INCOME TAX STATUS

The Internal Revenue Service has ruled that the form of the related prototype non-standardized 401(k) profit sharing plan is acceptable under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. As a result, the plan administrator has not obtained a separate Internal Revenue Service determination letter for the plan. The plan administrator and tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

6. INFORMATION CERTIFIED BY AGENT

Schwab serves as agent for the plan and in that capacity, holds substantially all of the plan's investment assets and executes transactions in those assets. The agent has certified the information as set forth below to be complete and accurate.

- a. Investments held by the agent for the plan and the fair values of such as of December 31, 2012 and 2011;
- b. The contract value of the Schwab Stable Value Fund Institutional II as of December 31, 2011;
- c. The contract value of the Wells Fargo Stable Value Fund as of December 31, 2012;

- d. Investment income and net appreciation (depreciation) for the years ended December 31, 2012 and 2011;
- e. Purchases and sales of investments for the years ended December 31, 2012 and 2011; and
- f. Contributions to, investment income credited to, benefits paid from and transfers between investment accounts for the years ended December 31, 2012 and 2011.

As allowed by Department of Labor regulations, the investments and investment activity have been excluded from the scope of the independent auditors' auditing procedures. All noninvestment activity for the plan, including contributions, benefit payments and participant account activity, has been subject to the independent auditors' auditing procedures. See the independent auditors' report.

SUPPLEMENTARY INFORMATION

NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN

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

AS OF DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of issuer/ borrower	Description of investment	Cost	Current value
*	Schwab	Cash	**	\$ 9,801
*	Schwab	Schwab Retirement Advantage Money Fund	**	105,033
	Wells Fargo	Wells Fargo Stable Value Fund	**	459,970
	Allianz	Allianz NFJ Dividend Value Institutional Fund	**	81,391
	Aston	Aston/River Road Small Cap Value Fund N	**	148,723
	BlackRock	Blackrock Equity Dividend CL I	**	448,636
	Columbia	Columbia Acorn International Fund Z	**	320,472
	Dodge & Cox	Dodge & Cox International Stock Fund	**	307,240
	FPA	FPA New Income Fund	**	59,838
	American	American Funds Growth Fund of America R5	**	367,950
	IVA	IVA International Fund I	**	290,083
	JP Morgan	JP Morgan Mid-Cap Value Institutional Fund	**	380,179
	Loomis Sayles	Loomis Sayles Bond Retail Fund	**	232,249
	Munder	Munder Mid-Cap Core Growth Fund Y	**	366,393
	PIMCO	PIMCO Commodity Real Return Strategy Institutional Fund	**	174,442
	PIMCO	PIMCO GNMA Institutional Fund	**	244,433
	PIMCO	PIMCO Total Return Fund D	**	629,552
*	Schwab	Schwab S&P 500 Index Select Fund	**	372,495
	Thornburg	Thornburg Investment Income Builder Fund	**	4,825
	Vanguard	Vanguard Short-Term Federal Fund	**	115,780
	Vanguard	Vanguard Wellington Fund	**	178,964
	Wasatch	Wasatch Small Cap Growth Fund	**	158,002
	Participants	Notes receivable from participants - various repayment schedules through May 2022 and interest rates ranging from 4.25% to 9.5%	-	158,440

This schedule was prepared from information certified by Charles Schwab Bank ("Schwab").

* Party-in-interest

** The cost information is omitted because the plan is an individual account plan where the participants or beneficiaries direct the investment of the assets allocated to their accounts.

**NCL GRAPHIC SPECIALTIES, INC. 401(K)
SALARY SAVINGS PLAN**

FINANCIAL STATEMENTS - MODIFIED CASH BASIS

AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2012 AND 2011

WITH INDEPENDENT AUDITORS' REPORT



CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS
INTEGRITY COUNTS IN A WORLD OF NUMBERS

INDEPENDENT AUDITORS' REPORT

To the Trustees
NCL Graphic Specialties, Inc. 401(k) Salary Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2012 and 2011 and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Charles Schwab Bank, the agent of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the agent holds the plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the agent as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the agent is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With Department of Labor's Rules and Regulations

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 agent, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Vrakas/Blum, S.C.

Brookfield, Wisconsin
September 9, 2013

NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2012 AND 2011

	2012	2011
INVESTMENTS AT FAIR VALUE		
Cash	\$ 9,801	\$ 43
Money market account		
Schwab Retirement Advantage Money Fund	105,033	120,000
Common/collective trust funds		
Schwab Stable Value Fund Institutional II	-	251,271
Wells Fargo Stable Value Fund	459,970	-
Mutual funds		
Allianz NFJ Dividend Value Institutional Fund	81,391	349,375
Aston/River Road Small Cap Value Fund N	148,723	137,728
Blackrock Equity Dividend CL I	448,636	-
Columbia Acorn International Fund Z	320,472	144,061
Dodge & Cox International Stock Fund	307,240	166,267
Fairholme Fund	-	265,416
FPA New Income Fund	59,838	72,552
American Funds Growth Fund of America R5	367,950	295,641
IVA International Fund I	290,083	173,568
JP Morgan Mid-Cap Value Institutional Fund	380,179	318,550
Loomis Sayles Bond Retail Fund	232,249	124,471
Munder Mid-Cap Core Growth Fund Y	366,393	315,737
PIMCO Commodity Real Return Strategy Institutional Fund	174,442	122,389
PIMCO Global Multi-Asset Institutional Fund	-	38,396
PIMCO GNMA Institutional Fund	244,433	84,595
PIMCO Total Return Fund D	629,552	719,181
Royce Value Plus Investment Fund	-	158,962
Schwab S&P 500 Index Select Fund	372,495	317,747
Sierra Core Retirement Fund R	-	147,571
Thornburg Investment Income Builder Fund	4,825	59,971
Vanguard Short-Term Federal Fund	115,780	72,541
Vanguard Wellington Fund	178,964	-
Wasatch Small Cap Growth Fund	158,002	-
Wilmington Multi-Manager Real Asset Fund A	-	99,742
TOTAL INVESTMENTS AT FAIR VALUE	5,456,451	4,555,775
NOTES RECEIVABLE FROM PARTICIPANTS	158,440	117,892
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	5,614,891	4,673,667
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR SCHWAB STABLE VALUE FUND INSTITUTIONAL II	-	(1,734)
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR WELLS FARGO STABLE VALUE FUND	(12,973)	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 5,601,918	\$ 4,671,933

The accompanying notes are an integral part of these statements.

NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
ADDITIONS TO NET ASSETS		
ATTRIBUTED TO		
Employee elective deferral contributions	\$ 348,302	\$ 310,759
Employee rollover contributions	245,213	80,936
Employer matching contributions	49,171	58,589
Other cash receipts	60	42
Interest, dividends and capital gains distributions from mutual funds	153,669	145,990
Net appreciation (depreciation) in fair value of mutual funds	485,898	(292,059)
Net appreciation in contract value of common/collective trust funds	9,081	10,925
Interest income on money market account	11	11
Interest income on notes receivable from participants	5,980	5,610
TOTAL ADDITIONS	1,297,385	320,803
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO		
Benefits to participants	342,852	327,774
Administrative expenses	24,548	21,849
TOTAL DEDUCTIONS	367,400	349,623
NET CHANGE	929,985	(28,820)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	4,671,933	4,700,753
End of year	\$ 5,601,918	\$ 4,671,933

The accompanying notes are an integral part of these statements.

NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS

DECEMBER 31, 2012 AND 2011

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of accounting - The accompanying financial statements have been prepared on the modified cash basis of accounting. Under that basis, certain additions and the related assets are recognized when received rather than when earned and certain deductions are recognized when paid rather than when the obligation is incurred. That basis differs from accounting principles generally accepted in the United States of America primarily because the plan has not recognized contributions receivable and the related effect on changes in net assets in the accompanying financial statements.

Accounting estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and uncertainties - The plan invests in various investments. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits - modified cash basis.

Subsequent events - The preparation of these financial statements includes the plan administrator's evaluation of the events and transactions occurring subsequent to December 31, 2012 through September 9, 2013, which is the date the financial statements were available to be issued.

Key parties of the plan - NCL Graphic Specialties, Inc. is the plan sponsor/employer and the plan administrator. SVA Retirement Plan Services, LLC was the third party administrator that maintained participant records, performed various compliance tests and acted as tax counsel until it was acquired by Alliance Benefit Group ("ABG") in 2012 and ABG assumed these responsibilities. Charles Schwab Bank ("Schwab") is the asset custodian and agent and Baker Tilly Investment Advisors, LLC is the investment advisor. Three board members of NCL Graphic Specialties, Inc. were trustees. In 2013 the plan was amended to remove two of the trustees and add another board member of the plan sponsor as a trustee.

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The Schwab Stable Value Fund Institutional II and Wells Fargo Stable Value Fund are fully benefit-responsive investment contracts. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-response 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 statements of net assets available for benefits - modified cash basis present the fair value of the fully benefit-responsive investment contracts as well as the adjustment of the investment contracts from fair value to contract value. The statements of changes in net assets available for benefits - modified cash basis are prepared on a contract value basis.

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

The plan administrator determines by level, within the fair value hierarchy, the plan's investments at fair value as of December 31, 2012 and 2011 as set forth below.

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	Level 1	Level 2	Level 3	Total
Cash	\$ 9,801	\$ -	\$ -	\$ 9,801
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Equity income	534,852	-	-	534,852
Small company	148,723	-	-	148,723
Foreign stock	627,712	-	-	627,712
Growth	1,562,607	-	-	1,562,607
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Total investments at fair value	<u>\$4,996,481</u>	<u>\$459,970</u>	<u>\$ -</u>	<u>\$5,456,451</u>

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Mutual funds				
Equity income	409,346	-	-	409,346
Small company	137,728	-	-	137,728
Foreign stock	310,328	-	-	310,328
Growth	1,527,874	-	-	1,527,874
Corporate bonds	916,204	-	-	916,204
Specialty	122,389	-	-	122,389
Government bonds	157,136	-	-	157,136
Growth and income	417,489	-	-	417,489
Income	38,396	-	-	38,396
Balanced	147,571	-	-	147,571
Total investments at fair value	<u>\$4,304,504</u>	<u>\$251,271</u>	<u>\$ -</u>	<u>\$4,555,775</u>

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Contributions - Contributions to the plan can be made in the following ways:

- a. Participants may contribute a percentage of their compensation subject to certain limitations (employee elective deferral contributions). The plan permits Roth elective deferrals.
- b. Rollover contributions are accepted by the plan from other qualified plans.

- c. The employer may make matching contributions at its discretion equal to a discretionary percentage of the employee's elective deferral contributions. The company elected to make a matching contribution equal to 25% of the first 6% of the employee's compensation contributed to the plan as employee elective deferral contributions in 2012 and 2011.
- d. A profit sharing contribution may be made at the employer's discretion. Participants are required to work 1000 hours during the plan year and be employed on the last day of the plan year to be eligible for a profit sharing contribution. No such contributions were made in 2012 or 2011.

Participant accounts - Each participant's account is credited with the employee's elective deferral contributions, rollover contributions, and an allocation of the employer's contributions. Earnings, including the appreciation or depreciation, are allocated to participant accounts on a daily basis based upon the performance of the investment options selected. Participants are allowed to transfer funds between the various investment options daily and change their deferral percentage on a monthly basis.

Vesting - Participants are always 100% vested in their elective deferral and rollover contributions and related earnings. Participants begin vesting in employer matching and profit sharing contributions and related earnings upon two full years of service, at which time they are 20% vested. The participant then vests at the rate of 20% for each year thereafter. Upon death, disability or qualified retirement participants become 100% vested.

Forfeitures - Forfeited nonvested accounts, which are held in the money market account, are either allocated to remaining participants or are used to reduce the amount of the employer's matching and profit sharing contributions. Forfeitures of \$14,806 and \$517 were used to reduce employer contributions in 2012 and 2011. There are no unapplied forfeitures as of December 31, 2012. Unapplied forfeitures as of December 31, 2011 were \$12,815.

Payment of benefits - Benefit payments may commence upon termination of employment, death, disability, or attainment of normal retirement age. Distributions may be in the form of a single lump sum or installment payments if in accordance with required minimum distributions. In addition, hardship withdrawals are permitted under the plan. In-service withdrawals of fully vested accounts may commence upon attaining the age of 59 1/2.

Administrative fees - Certain administrative fees of the plan are paid by the employer.

Notes receivable from participants - Participants can take out loans against their accounts with the approval of the plan administrator. The minimum loan amount is \$1,000 and the maximum amount is the lesser of one-half of the participant's vested account balance, or \$50,000. Participants may only have two loans outstanding at any given time. The repayment term generally cannot exceed 5 years except when the loan is for the purchase of a principal residence. As of December 31, 2012, loans outstanding had various repayment schedules through May 2022 and interest rates ranging from 4.25% to

9.5%. The notes receivable from participants are valued at their unpaid principal balances plus any accrued but unpaid interest, which approximates fair value.

3. RELATED PARTY TRANSACTIONS

Certain plan investments are managed by Schwab. Schwab is the agent and custodian as defined by the plan and therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from prohibited transaction rules of ERISA.

4. TERMINATION OF PLAN

Although it has not expressed any intent to do so, the company has the right to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

5. INCOME TAX STATUS

The Internal Revenue Service has ruled that the form of the related prototype non-standardized 401(k) profit sharing plan is acceptable under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. As a result, the plan administrator has not obtained a separate Internal Revenue Service determination letter for the plan. The plan administrator and tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

6. INFORMATION CERTIFIED BY AGENT

Schwab serves as agent for the plan and in that capacity, holds substantially all of the plan's investment assets and executes transactions in those assets. The agent has certified the information as set forth below to be complete and accurate.

- a. Investments held by the agent for the plan and the fair values of such as of December 31, 2012 and 2011;
- b. The contract value of the Schwab Stable Value Fund Institutional II as of December 31, 2011;
- c. The contract value of the Wells Fargo Stable Value Fund as of December 31, 2012;

- d. Investment income and net appreciation (depreciation) for the years ended December 31, 2012 and 2011;
- e. Purchases and sales of investments for the years ended December 31, 2012 and 2011; and
- f. Contributions to, investment income credited to, benefits paid from and transfers between investment accounts for the years ended December 31, 2012 and 2011.

As allowed by Department of Labor regulations, the investments and investment activity have been excluded from the scope of the independent auditors' auditing procedures. All noninvestment activity for the plan, including contributions, benefit payments and participant account activity, has been subject to the independent auditors' auditing procedures. See the independent auditors' report.

SUPPLEMENTARY INFORMATION

NCL GRAPHIC SPECIALTIES, INC. 401(K) SALARY SAVINGS PLAN

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

AS OF DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of issuer/ borrower	Description of investment	Cost	Current value
*	Schwab	Cash	**	\$ 9,801
*	Schwab	Schwab Retirement Advantage Money Fund	**	105,033
	Wells Fargo	Wells Fargo Stable Value Fund	**	459,970
	Allianz	Allianz NFJ Dividend Value Institutional Fund	**	81,391
	Aston	Aston/River Road Small Cap Value Fund N	**	148,723
	BlackRock	Blackrock Equity Dividend CL I	**	448,636
	Columbia	Columbia Acorn International Fund Z	**	320,472
	Dodge & Cox	Dodge & Cox International Stock Fund	**	307,240
	FPA	FPA New Income Fund	**	59,838
	American	American Funds Growth Fund of America R5	**	367,950
	IVA	IVA International Fund I	**	290,083
	JP Morgan	JP Morgan Mid-Cap Value Institutional Fund	**	380,179
	Loomis Sayles	Loomis Sayles Bond Retail Fund	**	232,249
	Munder	Munder Mid-Cap Core Growth Fund Y	**	366,393
	PIMCO	PIMCO Commodity Real Return Strategy Institutional Fund	**	174,442
	PIMCO	PIMCO GNMA Institutional Fund	**	244,433
	PIMCO	PIMCO Total Return Fund D	**	629,552
*	Schwab	Schwab S&P 500 Index Select Fund	**	372,495
	Thornburg	Thornburg Investment Income Builder Fund	**	4,825
	Vanguard	Vanguard Short-Term Federal Fund	**	115,780
	Vanguard	Vanguard Wellington Fund	**	178,964
	Wasatch	Wasatch Small Cap Growth Fund	**	158,002
	Participants	Notes receivable from participants - various repayment schedules through May 2022 and interest rates ranging from 4.25% to 9.5%	-	158,440

This schedule was prepared from information certified by Charles Schwab Bank ("Schwab").

* Party-in-interest

** The cost information is omitted because the plan is an individual account plan where the participants or beneficiaries direct the investment of the assets allocated to their accounts.