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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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; include room or suite number (employer, if for a 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.	11/13/2013	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

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 [X] 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**	133
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**	95
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	56
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	151
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	151
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	140
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	29
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 2S 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)	[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

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
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

GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	1114172-01	52	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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

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	360715
5	Current value of plan's interest under this contract in separate accounts at year end	5	25242

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	510864		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	8041		
	(4) Transferred from separate account	7c(4)	321736		
	(5) Other (specify below)	7c(5)	2886		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	843527
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	843527
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9304		
	(2) Administration charge made by carrier	7e(2)	677		
	(3) Transferred to separate account	7e(3)	472831		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	482812
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	360715

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)**	0
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)**	0
(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)**	0
(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 line **9c(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, line 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

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
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 PURDENTIAL 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	0	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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

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	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 ▶

b	Balance at the end of the previous year			7b	511571
c	Additions: (1) Contributions deposited during the year	7c(1)	2965		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	856		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	141		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	3962
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	515533
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	488950		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	26583		
	▶ MISC. OUT, FORFEITURE DEBITS				
	(5) Total deductions			7e(5)	515533
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			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)**	0
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)**	0
(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)**	0
(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 line **9c(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, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶
QUAD KNOPF, INC. 401(K) SAVINGS PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
QUAD KNOPF, INC.	94-2228472

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

WELLS FARGO ADVISORS, LLC

34-1542819

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

K&L GATES

25-0921018

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

CAPTRUST FINANCIAL ADSISORS

26-0058143

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

BRUCE MCFARLAND/GEN2 GROUP, LLC

27-2928302

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

WISS & COMPANY, LLP

22-1732349

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

MARSH FINPRO

36-1436000

(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

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(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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	7316	Yes [X] No [ ]	Yes [X] No [ ]	5600	Yes [X] No [ ]

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

WILSON MARKLE STUCKEY HARDESTY & BO

101 LARKSPUR LANDING CIRLCE
SUITE 200
LARKSPUR, CA 94939

(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	OTHER	9000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

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
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	25242

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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
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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	53642	130687
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	74121	25242
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4581445	6228093
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	511571	360715
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5220779	6744737
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5220779	6744737

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)	45884	
(B) Participants	2a(1)(B)	459083	
(C) Others (including rollovers)	2a(1)(C)	474309	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		979276
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3440	
(F) Other	2b(1)(F)	8897	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12337
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	222772	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		222772
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5468
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		479420
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1699273

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	167862	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		167862
f Corrective distributions (see instructions)	2f		137
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	7316	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7316
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		175315

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		1523958
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 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:

		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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	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)

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.

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

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): 84-1455663

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 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):



Celebrating 40 Years!

Quad Knopf, Inc. 401(k) Savings Plan

Financial Statements

and

Supplemental Schedule

Year ended December 31, 2012

with

Report of Independent Auditors

Quad Knopf, Inc. 401(k) Savings Plan

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Financial Statements

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Supplemental Schedule

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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:

Report on the Financial Statements

Quad Knopf, Inc. engaged us to audit the accompanying financial statements of the Quad Knopf, Inc. 401(k) Savings Plan (Plan), comprising of the statement of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Responsibility of Management for the Financial Statements

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

Responsibility of the Auditor

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America (US-GAAS). However, due to the matters described in the Basis for Disclaimer of Opinion paragraph, we were unable 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 (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 4, which Great-West Life & Annuity Insurance Company, Great-West Trust Company, LLC, Prudential Insurance Company of America and Prudential Trust Company, the custodians and trustees of the Plan, certified, except for comparing the

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

information with the related information included in the financial statements and supplemental schedule. The Plan administrator informed us that the custodians and trustees hold the Plan investment assets and execute investment transactions. The Plan administrator obtained certification from the custodians and trustees as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan administrator by the custodians and trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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 the financial statements.

Other Matter

Quad Knopf, Inc. engaged us to form an opinion on the financial statements as a whole. The management of the Plan is responsible for the supplemental schedule of Assets (Held at End of Year) and presents it for the purpose of additional analysis. The supplemental schedule is not a required part of the financial statements but the DOL Rules and Regulations for Reporting and Disclosure under the ERISA require it. 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.

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

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 and trustees, in accordance with US-GAAS and, in our opinion, are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under the ERISA.

Wilson Markle Stuckey Hardesty & Bott, LLP

Wilson Markle Stuckey Hardesty & Bott, LLP
Larkspur, CA
July 23, 2013

Quad Knopf, Inc. 401(k) Savings Plan
Statement of Net Assets Available for Benefits
December 31, 2012 and 2011

	2012	2011
Assets		
Participant-directed investments, at fair value		
Guaranteed interest contracts	$ 361,043	$ 511,571
Pooled separate accounts	25,242	74,121
Registered investment company shares	6,228,092	4,581,445
Total participant-directed investments	6,614,377	5,167,137
Receivables		
Participant loans	130,687	53,642
Employer matches	2,063	1,659
Participant deferrals	10,315	16,699
Employer other	4,851	4,500
Total receivables	147,916	76,500
Total assets	6,762,293	5,243,637
Liabilities		
Participant deferral and match refunds payable	1,049	137
Net assets available for benefits	$6,761,244	$5,243,500

See accompanying notes.

Quad Knopf, Inc. 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2012

Additions to net assets	
Investment and other income	
Net investment gains	$ 478,380
Dividends	231,382
Interest	9,427
Participant loan interest	3,440
Total investment and other income	722,629
Contributions	
Employer matches	46,163
Participant deferrals	451,443
Participant rollovers	474,309
Employer other	2,185
Total contributions	974,100
Total additions to net assets	1,696,729
Deductions from net assets	
Participant benefits	167,556
Participant deferral and match refunds	1,049
Administrative expenses	10,380
Total deductions from net assets	178,985
Change in net assets	1,517,744
Net assets available for benefits,	
Beginning of year	5,243,500
End of year	$6,761,244

See accompanying notes.

Quad Knopf, Inc. 401(k) Savings Plan
Notes to Financial Statements
December 31, 2012

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 January 1, 2013. 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. Great-West Trust Company, LLC serves as Trustee. Great-West Life & Annuity Insurance Company, Great-West Trust Company, LLC and Prudential Insurance Company of America, 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, 2012, the Plan paid expenses totaling $10,380.

Effective January 1, 2013, QKI amended the Plan to exclude newly hired temporary and seasonal employees scheduled to and that actually work less than 1,000 hours in a Plan year; impose a 30-day waiting period on qualifying employees before entering the Plan; and restrict Plan entry to the first day of each month.

On February 3, 2012, the Trustee changed from Prudential Trust Company to Orchard Trust Company, LLC. On September 24, 2012, Orchard Trust Company, LLC changed its name to Great-West Trust Company, LLC.

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 $5,442,291 and $51,592, respectively, on January 25, 2012.

Note 1 – Description of the Plan (continued)

Contributions, vesting and forfeitures

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

The Plan also provides for discretionary QKI matching contributions, determined by the Board of Directors of QKI. QKI allocates matching contributions as a percentage of participant deferrals and eligible compensation during each pay period. Participants not deferring during a pay period are ineligible for matching contributions for that pay period. Matching contributions and earnings thereon vest to participants at a rate of 50% per year, beginning with the second year of credited service. Participants become 100% vested, regardless of years of credited service attained, upon death, disability, Plan termination or reaching retirement age. During the year ended December 31, 2012, QKI paid discretionary match contributions equal to 10% of participant deferrals. On December 16, 2012, and effective January 1, 2013, the Board of Directors of QKI elected to increase the match to 20% of participant deferrals.

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, 2012, 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

Note 1 – Description of the Plan (continued)

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, 2012, the Plan accumulated forfeitures and earnings thereon totaling $1,247 and $3,337, respectively and allocated to expense, contributions and participants totaling $2,759, $-0- and $69,717, respectively. As of December 31, 2012 and 2011, the Plan held unallocated forfeitures and earnings thereon totaling $1,714 and $69,606, 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, 2012, the Custodians offered unallocated-fund guaranteed interest contracts, pooled separate accounts and registered investment company shares to participants. Participants may allocate their funds among all offered investment options. Participants may also transfer existing account balances among the available investment options.

The Custodians pool individual participant funds directed by participants to the same investments on behalf of the Plan and the participants and allocates earnings based 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 its affiliates. The Custodians and its 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.

Note 1 – Description of the Plan (continued)

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 participant 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 reduces 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.

Note 1 – Description of the Plan (continued)

Income tax status

QKI last amended and restated the Plan effective January 1, 2013, and patterned the amended and restated Plan after the "Prototype Non-standardized Profit Sharing Plan with CODA" of the Trustee. 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 management of the Plan and tax counsel believe its current design, qualifications and operations comply with the applicable sections of the IRC and the related trust was tax-exempt as of December 31, 2012. Consequently, QKI did not include a provision for income taxes.

In addition, the 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 the 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 the 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.

Note 1 – Description of the Plan (continued)

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, 2012, interest and penalties related to income taxes and tax positions were not material to the financial position of the Plan. As of December 31, 2012, the 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, 2013. As of December 31, 2012, open tax periods subject to future examination by taxing authorities cover periods from January 1, 2009 through December 31, 2012.

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

Note 2 – Summary of significant accounting policies (continued)

lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The Plan only uses Level 3 inputs when Level 1 or Level 2 inputs are not available.

The Plan bases 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 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 uses a third-party pricing service to determine the pricing for fair value determinations using Level 2 inputs. As of December 31, 2012, the 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 for guaranteed interest contracts and the “evergreen” guaranteed income contract, which are fully benefit-responsive investment contracts, on contract value. Contract value is the sum of contributions and earnings, net of fees and withdrawals (Level 3 input – Cost). 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 holds participant investments in the guaranteed interest contracts, the “evergreen” guaranteed income contract and earnings thereon in the general accounts of the Custodians. The Custodians credits 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, 2012, the fair value of guaranteed

Note 2 – Summary of significant accounting policies (continued)

interest contracts and the "evergreen" guaranteed income contract were not materially different from their contract values. When establishing the interest crediting rate for the guaranteed interest contracts and the "evergreen" guaranteed income contract, the Custodians considers 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 establishes the rate based on the past and estimated future earnings of the medium-to-long term investments in the general accounts of the Custodians and evaluates the rate at least quarterly.

Certain events limit the ability of the Plan to transact at contract value with the Custodians, including complete or partial Plan termination and QKI events (e.g., spin-off, sale or merger) that materially affect assets in the guaranteed interest contracts. The 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 guaranteed interest contracts and the "evergreen" guaranteed income contract do not otherwise permit the Custodians to terminate them before making payments to participants at contract value.

During the year ended December 31, 2012, the average yield of the guaranteed interest contracts and the "evergreen" guaranteed income contract to the Plan and participants totaled 2.23% and 2.23%, respectively.

As of December 31, 2012, the fair values and input Levels of the Plan investments totaled as follows:

Investment	Fair value	Level 1	Level 2	Level 3
Guaranteed interest and income contracts	$ 361,043	$ –	$ –	$361,043
Pooled separate accounts	25,242	–	25,242	–
Registered investment company shares	6,228,092	6,228,092	–	–
Totals	$6,614,377	$6,228,092	$25,242	$361,043

During the year ended December 31, 2012, there were no transfers of investments between or among Levels 1, 2 and 3.

Note 2 – Summary of significant accounting policies (continued)

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

During the year ended December 31, 2012, changes in the fair value of investments measured using Level 3 inputs total as follows:

	Level 3	Guaranteed interest and income contracts
Fair value, December 31, 2011	$511,571	$511,571
Realized gains and (losses) and unrealized appreciation and (depreciation), net	–	–
Interest	8,944	8,944
Purchases and issuances	392,116	392,116
Sales and settlements	(551,588)	(551,589)
Fair value, December 31, 2012	$361,043	$361,042
Unrealized appreciation and (depreciation), net	$ –	$ –

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, 2012. Because participants select investments for their accounts and the Plan limits benefits to the balance of participant accounts when the Plan pays the benefit, QKI cannot estimate

Note 2 – Summary of significant accounting policies (continued)

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 calculates 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) herein 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 the management of the Plan 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
The management of the Plan has evaluated subsequent events through July 23, 2013, the date these financial statements were available for issuance.

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, 2012 and 2011, 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:

	2012	2011
Unallocated-fund guaranteed income and interest contracts		
The Prudential Insurance Company of America		
"Evergreen" Guaranteed Income Fund	$ 326	$ 511,571
Great-West Life & Annuity Insurance Company		
Guaranteed Interest Fund	360,717	–
Total unallocated-fund guaranteed income and interest contracts	361,043	511,571
Pooled separate accounts		
The Prudential Insurance Company of America		
Prudential IncomeFlex Target EasyPath Balanced	25,242	74,121
Registered investment company shares		
Great-West Life & Annuity Insurance Company		
Great-West Lifetime 2025 Fund III T	341,420	–
Great-West Lifetime 2035 Fund II T	436,549	–
Great-West Lifetime 2035 Fund III T	563,579	–
American Funds EuroPacific Growth R-4	464,440	784,239

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

American Funds Washington Mutual Investors R-4	592,088	782,615
Perkins Mid Cap Value S	–	281,817
PIMCO Total Return Administrative	800,451	929,163
Prudential Jennison Growth A	–	616,950
Prudential Jennison Growth Z	487,330	–
Others (individually less than 5% each)	2,542,235	1,186,661
Total registered investment company shares	6,228,092	4,581,445
Participant loans	130,687	53,642
Total assets held by the Custodians	$6,745,064	$5,220,779

During the year ended December 31, 2012, net investment gains and losses (Note 2) and dividends and interest of the investments totaled $478,380 and $244,249, respectively, as follows:

	Net investment gain (loss)	Dividends and interest
Unallocated-fund guaranteed interest contracts		
The Prudential Insurance Company of America		
"Evergreen" Guaranteed Income Fund	$ –	$ 856
Great-West Life & Annuity Insurance Company		
Guaranteed Interest Fund	–	8,088
Total unallocated-fund guaranteed income and interest contracts	–	8,944
Pooled separate accounts		
The Prudential Insurance Company of America		
Prudential IncomeFlex Target EasyPath Balanced	4,826	–
Registered investment company shares		
Great-West Life & Annuity Insurance Company		
Great-West Lifetime 2025 Fund III T	14,859	10,621
Great-West Lifetime 2035 Fund II T	14,895	10,600
Great-West Lifetime 2035 Fund III T	16,501	15,851

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

American Funds EuroPacific Growth R-4	100,660	7,954
American Funds Washington Mutual Investors R-4	64,726	13,897
Perkins Mid Cap Value S	18,459	–
PIMCO Total Return Administrative	33,032	48,800
Perkins Mid Cap Value S	18,459	–
Prudential Jennison Growth A	69,742	–
Prudential Jennison Growth Z	10,933	–
Others (individually less than 5% each)	111,288	124,142
Total registered investment company shares	473,554	231,865
Participant loans	–	3,440
Totals	$478,380	$244,249

Note 4 – Financial information certified by the Custodians

Great-West Life & Annuity Insurance Company, a Custodians, and Great-West Trust Company, LLC, a Trustee, certified all of the information shown in the accompanying statement of net assets available for benefits as of December 31, 2012, statement of changes in net assets available for benefits for the year ended December 31, 2012, supplemental schedule as of December 31, 2012, 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 and Trustee.

Prudential Insurance Company of America, a Custodians, and Prudential Trust Company, a Trustee, 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, 2012, 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 and Trustee.

Note 5 – Receivables

Participants pay their loans in bi-weekly installments of principal and fixed interest, at rates ranging from 4.25%-5.25%. Remaining participant account balances secure the loans and they mature on various dates from May 7, 2013 through November 20, 2017.

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, 2012, matches of and deferrals from compensation earned during the pay period December 16 through 29, 2012 and subsequently received and allocated by the Custodians on January 14, 2013, totaled $2,063 and $10,315, respectively.

As of December 31, 2011, matches of and deferrals from compensation earned during the pay period December 18 through 31, 2011 and subsequently received and allocated by the Custodians on January 12, 2012, totaled $1,659 and $16,699, respectively.

During the year ended December 31, 2012, QKI failed to calculate deferrals and related match on certain eligible bonus compensation. The management of QKI estimated the amount needed to correct the error and restore to participant accounts, including lost earnings, of $4,851. QKI plans to calculate and remit the proper amount during the year ended December 31, 2013. Accordingly, the Plan recorded a receivable as of December 31, 2012.

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 correct the error and restore to participant accounts, including lost earnings, of $4,500. Accordingly, the Plan recorded a receivable as of December 31, 2011. QKI calculated and remitted the missed contributions and earnings, totaling $1,383, on August 9, 2012.

Note 6 – Participant match and deferral refunds payable

As of December 31, 2012, the Plan accrued participant match and deferral refunds, totaling $1,049, payable to certain participants to return to them excess match and deferral contributions to satisfy the relevant nondiscrimination provisions of the Plan for the year ended December 31, 2012. The Plan paid the refunds on March 7, 2013.

As of December 31, 2011, the Plan accrued participant match and deferral refunds, totaling $137, payable to certain participants to return to them excess match and deferral contributions 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, 2012 and 2011, participants who were no longer employees of QKI had $1,407,044 and $511,616 remaining in their accounts, respectively. Vested balances totaled $1,377,521 and $492,936, respectively.

Note 8 – Reconciliation between amounts herein and Form 5500

As of December 31, 2012, differences between amounts herein and on Form 5500 reconciled as follows:

	Herein	Form 5500	Differences
Investments			
Guaranteed interest contracts	$ 361,043	$ 360,715	$ 328
Pooled separate accounts	25,242	25,242	–
Registered investment company shares	6,228,092	6,228,093	(1)
Receivables			
Participant loans	130,687	130,687	–
Employer matches	2,063	–	2,063
Participant deferrals	10,315	–	10,315
Employer other	4,851	–	4,851
Payable			
Participant deferral and match refunds	(1,049)	–	(1,049)
Net assets available for benefits	$6,761,244	$6,744,737	$16,507

Note 8 – Reconciliation between amounts herein and Form 5500 (continued)

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

During the year ended December 31, 2012, differences between amounts herein and on Form 5500 reconciled as follows:

	Herein	Form 5500	Differences
Additions			
Net investment gains	$ 478,380	$ 487,138	($8,758)
Dividends	231,382	222,772	8,610
Interest	9,427	8,897	530
Participant loan interest	3,440	3,440	–
Employer matches	46,163	45,884	279
Participant deferrals	451,443	459,083	(7,640)
Participant rollovers	474,309	474,309	–
Employer other	2,185	–	2,185
Deductions			
Participant benefits	(167,556)	(167,862)	306
Participant deferral and match refunds	(1,049)	(137)	(912)
Administrative expenses	(10,380)	(9,566)	(814)
Change in net assets	$1,517,744	$1,523,958	($6,214)

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, 2012

(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		$ 326
	Pooled separate accounts		
*	Prudential IncomeFlex Target EasyPath Balanced		25,242
	Great-West Life & Annuity Insurance Company		
	Unallocated-fund guaranteed interest contracts		
*	Guaranteed Interest Fund		360,717
	Registered investment company shares		
*	Great-West SecureFoundation Balanced G		52,136
*	Great-West Lifetime 2015 Fund I T		80,522
*	Great-West Lifetime 2015 Fund II T		142,575
*	Great-West Lifetime 2015 Fund III T		162,174
*	Great-West Lifetime 2025 Fund I T		558
*	Great-West Lifetime 2025 Fund II T		230,135
*	Great-West Lifetime 2025 Fund III T		341,420
*	Great-West Lifetime 2035 Fund II T		436,549
*	Great-West Lifetime 2035 Fund III T		563,579
*	Great-West Lifetime 2045 Fund I T		56,615
*	Great-West Lifetime 2045 Fund II T		115,293
*	Great-West Lifetime 2045 Fund III T		73,060
*	Great-West Lifetime 2055 Fund II T		31,120
*	AllianzGI NFJ Small-Cap Value Administrative		238,018
*	American Funds EuroPacific Growth R-4		464,440
*	American Funds Washington Mutual Investors R-4		592,088
*	Columbia Small Cap Index A		127,687
*	Dreyfus Midcap Index		124,992
*	Invesco Developing Markets R5		28,942
*	Nuveen Real Estate Securities I		171,712
*	PIMCO Total Return Administrative		800,451
*	Vanguard Institutional Index Institutional		239,241
*	AllianceBernstein Global Bond I		15,962
*	BlackRock Global Allocation Institutional		800
*	Invesco International Small Company R5		21,322

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, 2012

(a)	(b) Identity of issue, borrower, lessor and (c) Description of investment	(d) Cost	(e) Current value
*	Columbia Small Cap Growth I Z		94,822
*	Perkins Mid Cap Value T		236,696
*	T. Rowe Price Mid-Cap Growth		133,183
*	Prudential Jennison Growth Z		487,330
*	American Funds American Balanced R-4		11,620
*	PIMCO Real Return Administrative		153,050
	Participant loans, 4.25%–5.25%	–	130,687
	Total assets held for investment purposes at end of year		$6,745,064

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

ASSETS HELD FOR INVESTMENT PURPOSES

Quad Knopf, Inc. 401(k) Savings Plan
01-JAN-12 to 31-DEC-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXSBLG			50,504.64	52,135.53
1PFLX34			24,512.94	25,242.10
1MX15CT			79,186.81	80,521.55
1MX15MT			142,540.15	142,575.20
1MX15AT			159,511.33	162,174.23
1MX25CT			562.87	557.77
1MX25MT			222,252.89	230,134.83
1MX25AT			326,567.47	341,420.34
1MX35MT			421,987.99	436,548.72
1MX35AT			548,029.71	563,578.91
1MX45CT			54,231.41	56,614.69
1MX45MT			109,781.56	115,293.10
1MX45AT			69,159.32	73,060.50
1MX55MT			29,918.52	31,120.30
1ANAIX			15,857.02	15,962.19
1AFEP4			468,610.07	464,439.73
1MALOX			780.03	799.93
1GTDIX			27,899.07	28,942.21
1IEGIX			19,102.32	21,321.87
1FARCX			160,433.70	171,711.90
1PVADX			248,529.67	238,018.02
1CMSCX			101,712.22	94,822.07
1NMSAX			126,383.07	127,687.06
1PESPX			124,913.40	124,991.79
1JMCVX			238,674.79	236,696.39
1RPMGX			136,059.47	133,183.32
1AFWM4			539,665.71	592,087.57
1PJFZX			476,995.73	487,330.18
1VINIX			223,088.92	239,241.30
1RLBEX			11,099.61	11,619.97
1PARRX			154,530.69	153,049.54
1PTRAX			779,921.83	800,451.17
1GWACGF		2.150	352,984.08	359,328.77
			6,445,989.01	**6,612,662.75**
PARTICIPANT LOANS	VARIOUS	4.250-5.250	130,685.99	130,687.17
FORFEITURES			1,314.76	1,387.35

ASSETS HELD FOR INVESTMENT PURPOSES

Quad Knopf, Inc. 401(k) Savings Plan
01-JAN-12 to 31-DEC-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1MXSBLG	Great-West SF Balanced Fund G
1MX15CT	Great-West Lifetime 2015 Fund I T
1MX15AT	Great-West Lifetime 2015 Fund III T
1MX25MT	Great-West Lifetime 2025 Fund II T
1MX35MT	Great-West Lifetime 2035 Fund II T
1MX45CT	Great-West Lifetime 2045 Fund I T
1MX45AT	Great-West Lifetime 2045 Fund III T
1ANAIX	AllianceBernstein Global Bond I
1MALOX	BlackRock Global Allocation Instl
1IEGIX	Invesco International Small Company R5
1PVADX	Allianz NFJ Small Cap Value Fund - Admin
1NMSAX	Columbia Small Cap Index A
1JMCVX	Perkins Mid Cap Value Fund T
1AFWM4	American Funds Washington Mutual R4
1VINIX	Vanguard Institutional Index Instl
1PARRX	PIMCO Real Return Admin
1GWACGF	Guaranteed Interest Fund
1PFLX34	Prudential IncomeFlex Trgt EasyPath Bal
1MX15MT	Great-West Lifetime 2015 Fund II T
1MX25CT	Great-West Lifetime 2025 Fund I T
1MX25AT	Great-West Lifetime 2025 Fund III T
1MX35AT	Great-West Lifetime 2035 Fund III T
1MX45MT	Great-West Lifetime 2045 Fund II T
1MX55MT	Great-West Lifetime 2055 Fund II T
1AFEP4	American Funds EuroPacific Gr R4
1GTDIX	Invesco Developing Markets R5
1FARCX	Nuveen Real Estate Securities I
1CMSCX	Columbia Small Cap Growth I Z
1PESPX	Dreyfus Mid Cap Index Fund
1RPMGX	T. Rowe Price Mid Cap Growth
1PJFZX	Prudential Jennison Growth Z
1RLBEX	American Funds American Balanced R4
1PTRAX	PIMCO Total Return Admin

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year