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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

QUAD KNOPF, INC.

901 E MAIN ST
VISILIA, CA 93292

2b Employer Identification Number (EIN)
94-2228472

2c Plan 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.	10/04/2016	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)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	165
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	111
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	100
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	57
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	158
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	158
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	147
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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	42	01/01/2015	12/31/2015

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	715971
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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	693800
c	Additions: (1) Contributions deposited during the year	7c(1)	60857		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	9117		
	(4) Transferred from separate account	7c(4)	173452		
	(5) Other (specify below)	7c(5)	5923		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	249349
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	943149
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	141271		
	(2) Administration charge made by carrier	7e(2)	920		
	(3) Transferred to separate account	7e(3)	84987		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	227178
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	715971

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	1114172-01	1	01/01/2015	12/31/2015

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	634
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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2228472

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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	2872	Yes [X] No [ ]	Yes [X] No [ ]	7656	Yes [X] 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 [ ]

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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: GREAT-WEST LIFETIME 2015 TRUST I

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

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)
45-0616458-001	C	631075

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2015 TRUST II

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

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)
45-0617486-007	C	397954

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2015 TRUST III

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

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)
45-0618235-011	C	21931

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2025 TRUST I

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

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)
45-0616716-002	C	26042

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2025 TRUST II

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

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)
45-0617486-007	C	272110

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2025 TRUST III

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

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)
45-0618359-012	C	1255406

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2035 TRUST I

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

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)
45-0616853-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2035 TRUST II

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

c EIN-PN 45-0617888-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 511813

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2035 TRUST 111

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

c EIN-PN 45-0618461-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 947348

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2045 TRUST I

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

c EIN-PN 45-0617012-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6906

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2045 TRUST II

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

c EIN-PN 45-0618015-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 377799

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2045 TRUST III

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

c EIN-PN 45-0618874-014	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132440

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2055 TRUST II

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

c EIN-PN 45-0618125-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65172

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2055 TRUST III

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

c EIN-PN 45-0618856-015	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13501

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE PLUS BOND FD

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.

c EIN-PN 23-6994310-165	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 658700

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2055 TRUST I

b Name of sponsor of entity listed in (a): GREAT-WEST TRUST COMPANY, LLC

c EIN-PN 45-0617180-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4224

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

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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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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)	73278	46865
(9) Value of interest in common/collective trusts	1c(9)	4980893	5322422
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	3982938	4421734
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	693800	715971
(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	9730909	10506992
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	9730909	10506992

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)	141073	
(B) Participants	2a(1)(B)	704276	
(C) Others (including rollovers)	2a(1)(C)	351355	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1196704
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)	2167	
(F) Other	2b(1)(F)	9117	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11284
(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)	258623	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		258623
(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)		-78571
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-201927
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1186113
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	406322	
(2) To insurance carriers for the provision of benefits	2e(2)	634	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		406956
f Corrective distributions (see instructions)	2f		202
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)	2872	
(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)		2872
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		410030
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		776083
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&BOTT **(2)** EIN: 26-3789391

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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	N/A	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	N/A	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		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



Quad Knopf, Inc. 401(k) Savings Plan

Financial Statements

and

Supplemental Schedule

Year ended December 31, 2015

with

Report of Independent Auditors

Quad Knopf, Inc. 401(k) Savings Plan

Index to Financial Statements and Supplemental Schedule

Financial Statements

Report of Independent Auditors 1

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

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Supplemental Schedule

Schedule of Assets (Held at End of Year) 17

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 of Quad Knopf, Inc. dba QK, Inc. and the
401(k) Committee for the **Quad Knopf, Inc. 401(k) Savings Plan**:

Report on the Financial Statements

Quad Knopf, Inc. dba QK, Inc. engaged us to audit the accompanying financial statements of the Quad Knopf, Inc. 401(k) Savings Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 3, which Great-West Trust Company, LLC, the trustee and a custodian and Great-West Life & Annuity Insurance Company, a custodian of the Plan, certified, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan administrator informed us that the trustee and custodians hold the Plan investment assets and execute investment transactions. The Plan administrator obtained certification from the trustee and custodians as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the Plan administrator by the trustee and custodians is complete and accurate.

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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
The management of the Plan presents the supplemental schedule of Assets (Held at End of Year) as of December 31, 2015, 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, 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 trustee and custodians, in accordance with US-GAAS and, in our opinion, they are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under the ERISA.

Wilson Markle Stuckey Hardesty & Bott, LLP
Larkspur, CA
August 1, 2016

Quad Knopf, Inc. 401(k) Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
Assets		
Participant-directed investments, at fair value		
Guaranteed interest contracts	$ 715,971	$ 693,800
Registered investment company shares	4,421,734	3,982,938
Common collective trust funds	5,322,422	4,980,893
Total participant-directed investments	10,460,127	9,657,631
Receivables		
Participant loans	46,865	73,278
Employer matches	–	5,418
Participant deferrals	–	27,092
Total receivables	46,865	105,788
Total assets	10,506,992	9,763,419
Liabilities		
Participant deferral refunds payable	14,873	202
Net assets available for benefits	$10,492,119	$9,763,217

See accompanying notes.

Quad Knopf, Inc. 401(k) Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2015

Additions to net assets	
Investment and other income	
Net investment losses	($ 279,891)
Dividends	248,207
Interest	9,117
Participant loan interest	2,202
Other income	10,461
Total investment and other income	(9,904)
Contributions	
Employer matches	135,406
Participant deferrals	677,184
Participant rollovers	351,355
Employer other	249
Total contributions	1,164,194
Total additions to net assets	1,154,290
Deductions from net assets	
Participant benefits	406,096
Participant deferral refunds	14,914
Administrative expenses	4,378
Total deductions from net assets	425,388
Change in net assets	728,902
Net assets available for benefits,	
Beginning of year	9,763,217
End of year	$10,492,119

See accompanying notes.

Quad Knopf, Inc. 401(k) Savings Plan
Notes to Financial Statements
December 31, 2015

Note 1 – Description of the Plan

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

General
QK established the Plan effective January 1, 1990, and last amended and restated the Plan effective November 17, 2015. The Plan is a defined contribution profit sharing plan with a 401(k) arrangement. Employees of QK and the related Quad Knopf, LLC may participate in the Plan on the first day of the month coincident with or following 30 days of service and attainment of age 21; however, employees classified as temporary or seasonal and not scheduled to work at least 1,000 hours per year must complete 1,000 hours of service during their initial year of employment or in any Plan year to participate. QK automatically enrolls newly eligible employees, with a deferral rate of 6%, unless the newly eligible employee affirmatively elects a different percentage, including zero. In addition, QK automatically increases the deferral rate of participants who become eligible after December 31, 2013, by 1% annually, beginning with the third year of participation and ending with the sixth year of participation, at 10%. 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 QK, manages the Plan. Great-West Trust Company, LLC serves as Trustee. Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC, the Custodians, hold all the Plan investment assets. The Plan pays all Plan expenses, except settlor expenses, from forfeitures, when available. Otherwise, QK pays the expenses. During the year ended December 31, 2015, the Plan paid expenses totaling $4,378.

On June 6, 2016, Quad Knopf, Inc. began doing business under the name QK, Inc.

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 or 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 QK matching contributions, determined by the Board of Directors of QK. QK allocates matching contributions as a percentage of participant deferrals during each pay period. Participants not deferring during a pay period are ineligible for

Note 1 – Description of the Plan (continued)

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, 2015, QK paid discretionary match contributions equal to 20% of participant deferrals, which was the same match rate contributed during the year ended December 31, 2014. On December 9, 2015, the Board of Directors of QK approved continuing the discretionary match contributions equal to 20% of participant deferrals during 2016.

The Plan also provides for discretionary QK profit sharing contributions, determined by the Board of Directors of QK. QK allocates profit sharing contributions based on the relative eligible compensation earned by each eligible participant. An eligible participant for the discretionary QK profit sharing contribution is one that QK credited with at least 1,000 hours of service during, and QK 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, 2015, QK made no profit sharing contributions.

The Plan may use unvested matching and profit sharing contributions and earnings thereon (forfeitures) to pay future matching and profit sharing contributions and administrative expenses. The Plan allocates forfeitures not used to pay future matching and profit sharing contributions and administrative expenses to eligible participants based on the relative eligible compensation each participant earns. An eligible participant for the allocation of forfeitures is one that QK credited with at least 1,000 hours of service during, and QK 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, 2015, the Plan accumulated forfeitures and earnings thereon totaling $5,443 and allocated to participants totaling $20,018. As of December 31, 2015 and 2014, the Plan held unallocated forfeitures and earnings thereon totaling $7,102 and $21,677, 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,

Note 1 – Description of the Plan (continued)

matching and profit sharing contributions from the investment options offered by the Custodians. As of December 31, 2015, the Custodians offered unallocated-fund guaranteed interest contracts, registered investment company shares and common collective trust funds to participants. Participants may allocate their funds among all offered investment options. Participants may also transfer existing account balances among the available investment options.

The Custodians pool individual participant funds directed by participants to the same investments on behalf of the Plan and the participants and allocates earnings based on the investment amount of each participant. The Custodians invest and secure investments in unallocated-fund guaranteed interest contracts in and with the general investment assets of the Custodians and their affiliates. The Custodians and its affiliates own, control or sub-advise the investments of the guaranteed interest contracts, registered investment company shares and common collective trust funds. Such investment transactions constitute party-in-interest transactions. The Custodians charge participants, reported as a reduction in investment income, for certain investment trading and management activities. The Custodians disclose such charges in prospectuses it makes available to participants.

Benefits

The Plan pays benefits to participants, beneficiaries or successor custodians upon termination, disability, death, retirement, reaching age 59½ (55 for former participants in the Fremming, Parson & Pecchenino 401(k) Plan), 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 paid 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, including after December 31, 2015.

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 or $50,000 (less the highest outstanding loan balance during the past twelve months). The loans bear interest at

Note 1 – Description of the Plan (continued)

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 a principal residence). Participants make loan payments with deferrals of after-tax compensation. The Custodians reduce the loan balance with the principal portion of loan payments and increases other investments of the participant with the total loan payments. The remaining participant account balance secures the loan.

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

Income tax status

QK last amended and restated the Plan effective November 17, 2015, 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, 2014. 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 QK has since amended and restated the Plan, the management and tax counsel of the Plan 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, 2015. Consequently, QK 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. Tax positions include a decision to classify a transaction, entity or other position in a tax return as tax exempt and the status of an entity, including its status as a pass-through or tax-exempt entity.

The Plan files tax returns with the IRS and Department of Labor (DOL). As of December 31, 2015, 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 year ending December 31, 2016. As of December 31, 2015, open tax periods subject to future examination by taxing authorities cover periods from January 1, 2012 through December 31, 2015.

Plan termination

Although it has not expressed any intent to do so, QK has the right to discontinue future matching and profit sharing contributions at any time and to amend or terminate the Plan subject to

Note 1 – Description of the Plan (continued)

the provisions of the ERISA. Under no circumstances may any vested Plan assets revert to QK by Plan amendment or termination.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

QK 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, including quoted prices in inactive markets for identical assets, quoted prices in active markets for similar assets and other observable market data.

Level 3 inputs consist of unobservable inputs that reflect internal judgments and have the lowest priority.

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

The Plan bases 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 common collective trust funds on the fair value of the underlying securities and other investments, using unadjusted quoted prices in active markets for identi-

Note 2 – Summary of Significant Accounting Policies (continued)

cal assets (Level 1), unadjusted and insignificantly adjusted quoted prices in active and inactive markets for identical and similar assets (Level 2 – Market) and the contract value and credit rating of the Custodians (Level 2 – Cost and Market). The Custodians use third-party pricing services to determine the pricing for fair value determinations using Level 2 inputs. Each common collective trust fund invests principally in one, open registered investment company shares (mutual fund).

The Plan bases the fair value for guaranteed interest contracts, 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 hold participant investments in the guaranteed interest contracts and earnings thereon in the general accounts of the Custodians. The Custodians credit the general account with earnings on the underlying investments and charge for participant withdrawals and administrative expenses. The Custodians are contractually obligated to repay the principal and a specified interest rate that they guarantee to the Plan.

The Plan did not record any reserves against contract value for credit risk of the Custodians or otherwise. As of December 31, 2015 and 2014, the fair value of guaranteed interest contracts was not materially different from their contract values. When establishing the interest crediting rate for the guaranteed interest contracts, the Custodians consider many factors, including current economic and market conditions, the general interest rate environment and earnings of the underlying assets in the entire medium-long term new portfolio of the Custodians compared to the minimum interest crediting rate, as stated in the guaranteed interest contract. The Custodians reset the interest crediting rate quarterly.

Certain events limit the ability of the Plan to transact at contract value with the Custodians, including complete or partial Plan termination and QK 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 do not otherwise permit the Custodians to terminate them before making payments to participants at contract value.

As of December 31, 2015, fair values and input Levels of the Plan investments total as follows:

Note 2 – Summary of Significant Accounting Policies (continued)

Class and investment	Fair value	Level 1	Level 2	Level 3
Guaranteed interest contracts	$ 715,971	$ –	$ –	$715,971
Registered investment company shares	4,421,734	4,421,734	–	–
Common collective trust funds	5,322,422	–	5,322,422	–
Totals	$10,460,127	$4,421,734	$5,322,422	$715,971

During the year ended December 31, 2015, the Plan did not move investments among different input Levels. During the year ended December 31, 2015, changes in the fair value of investments measured using Level 3 inputs total as follows:

	Level 3	Guaranteed interest contracts
Fair value, December 31, 2014	$693,800	$693,800
Interest	9,117	9,117
Purchases and issuances	240,232	240,232
Sales and settlements	(227,178)	(227,178)
Fair value, December 31, 2015	$715,971	$715,971
Unrealized appreciation and (depreciation), net	$ –	$ –

As of December 31, 2014, fair values and input Levels of the Plan investments total as follows:

Class and investment	Fair value	Level 1	Level 2	Level 3
Guaranteed interest contracts	$ 693,800	$ –	$ –	$693,800
Registered investment company shares	3,982,938	3,982,938	–	–
Common collective trust funds	4,980,893	–	4,980,893	–
Totals	$9,657,631	$3,982,938	$4,980,893	$693,800

The Plan presents the net investment gain or loss given by the Custodians. The Custodians calculate the net investment gain or loss for the registered investment company shares and common collective trust funds 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 registered investment company shares and common

Note 2 – Summary of Significant Accounting Policies (continued)

collective trust funds 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 common collective trust funds. The Custodians pool and reinvest such earnings into additional units of the common collective trust funds 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 common collective trust funds, only the net investment gain or loss resulting from the change in value of the additional units of the common collective trust funds acquired with the reinvested interest, dividends and short- and long-term capital gains.

Risks and concentrations

Investments are subject to market risk and interest risk. Market risk is the risk that the value of an investment will decrease due to moves in market factors. Interest risk is the risk that interest paid on guaranteed investment contracts will be less than the current market interest rate. Guaranteed investment contracts are not federally insured. Fair values for securities and other investments that underlie registered investment company shares and common collective trust funds may vary significantly, including after December 31, 2015. Because participants select investments for their accounts and the Plan limits benefits to the balance of participant accounts when the Plan pays the benefit, RIA cannot estimate the effect of any market value risk on individual participants, but there is no effect on the ability of the Plan to pay benefits.

As of December 31, 2015 and 2014, the following registered investment company shares and common collective trust funds exceeded 10% of total registered investment company shares and common collective trust funds, respectively:

Registered investment company shares	2015	2014
American Funds EuroPacific Growth R-4	14%	14%
American Funds Washington Mutual Investors R-4	10%	12%
John Hancock Disciplined Value Mid Cap I	10%	11%
Prudential Jennison Growth Z	18%	18%
Common collective trust funds		
Great-West Lifetime 2015 Trust I	12%	12%
Great-West Lifetime 2025 Trust III	24%	25%
Great-West Lifetime 2035 Trust II	10%	10%
Great-West Lifetime 2035 Trust III	18%	19%
Prudential Core Plus Bond 3	12%	13%

Note 2 – Summary of Significant Accounting Policies (continued)

Form 5500 variances
Differences between the amounts in the financial statements and Form 5500 result from the accrual of certain receivables (Note 4) and payables (Note 5) herein but not in the Form 5500 and certain classification differences, all of which are reconciled in Note 7.

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.

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

Change in accounting principle
The Plan elected early adoption of Part II of Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2015-12 "Plan Accounting: Plan Investment Disclosures," and to apply it retrospectively. Part II of FASB ASU 2015-12 simplifies disclosure of investments, fair value and investment income by eliminating duplicative and contradictory disclosures and condensing certain information. The management of the Plan believes that the disclosures required by Part II of FASB ASU 2015-12 are preferable to the disclosures required previously.

Subsequent events
The management of the Plan has evaluated subsequent events through August 1, 2016, the date these financial statements were available for issuance.

Note 3 – Financial Information Certified by the Trustee and Custodians

Great-West Trust Company, LLC, the Trustee and a Custodian and Great-West Life & Annuity Insurance Company, a Custodian, certified all of the information shown in the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, statement of changes in net assets available for benefits for the year ended December 31, 2015, supplemental schedule as of December 31, 2015, and Note 2, 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 4) and payables (Note 5). Independent auditors did not audit the information certified by the Trustee and Custodians.

Note 4 – Receivables

Participants pay their loans in bi-weekly installments of principal and fixed interest, at rates ranging from 3.25%-5.25%. Remaining participant account balances secure the loans and they mature on various dates from May 10, 2016 through September 1, 2020.

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, 2014, matches of and deferrals from compensation earned during the pay period December 14 through 27, 2014 and subsequently received and allocated by the Custodians on January 7, 2015, totaled $5,418 and $27,092, respectively.

Note 5 – Participant Deferral Refunds Payable

As of December 31, 2015, the Plan accrued participant deferral refunds, totaling $14,873, payable to certain participants to return to them certain deferral contributions and earnings thereon to satisfy the relevant nondiscrimination provisions of the Plan for the year ended December 31, 2015. The Plan paid the refunds on March 11, 2016. In addition, the same participants forfeited matching contributions related to the refunded deferral contributions, totaling $2,994.

As of December 31, 2014, the Plan accrued participant deferral refunds, totaling $202, payable to certain participants to return to them certain deferral contributions and earnings thereon to satisfy the relevant nondiscrimination provisions of the Plan for the year ended December 31, 2014. The Plan paid the refunds on February 26, 2015.

Note 6 – Terminated Participants

As of December 31, 2015 and 2014, participants who were no longer employees of QK had $2,360,831 and $1,599,326 remaining in their accounts, respectively. Vested balances totaled $2,326,965 and $1,570,316, respectively.

Note 7 – Form 5500 Reconciliation

As of December 31, 2015, differences between amounts herein and on Form 5500 reconciled as follows:

	Herein	Form 5500	Differences
Investments			
Guaranteed interest contracts	$ 715,971	$ 715,971	$ –
Registered investment company shares	4,421,734	4,421,734	–
Common collective trust funds	5,322,422	5,322,422	–
Receivables			
Participant loans	46,865	46,865	–
Liabilities			
Participant deferral refunds payable	(14,873)	–	(14,873)
Net assets available for benefits	$10,492,119	$10,506,992	($14,873)

As of December 31, 2014, differences between amounts herein and on Form 5500 reconciled as follows:

	Herein	Form 5500	Differences
Investments			
Guaranteed interest contracts	$ 693,800	$ 693,800	$ –
Registered investment company shares	3,982,938	3,982,938	–
Common collective trust funds	4,980,893	4,980,893	–
Receivables			
Participant loans	73,278	73,278	–
Employer matches	5,418	–	5,418
Participant deferrals	27,092	–	27,092
Liabilities			
Participant deferral refunds payable	(202)	–	(202)
Net assets available for benefits	$9,763,217	$9,730,909	$32,308

Note 7 – Form 5500 Reconciliation (continued)

During the year ended December 31, 2015, differences between amounts herein and on Form 5500 reconciled as follows:

	Herein	Form 5500	Differences
Additions			
Net investment losses	($279,891)	($280,498)	$ 607
Dividends	248,207	258,623	(10,416)
Interest	9,117	9,117	–
Participant loan interest	2,202	2,167	35
Other income	10,461	–	10,461
Employer matches	135,406	141,073	(5,667)
Participant deferrals	677,184	704,276	(27,092)
Participant rollovers	351,355	351,355	–
Employer other	249	–	249
Deductions			
Participant benefits	(406,096)	(406,956)	860
Participant deferral refunds	(14,914)	(202)	(14,712)
Administrative expenses	(4,378)	(2,872)	(1,506)
Change in net assets	$728,902	$776,083	($47,181)

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, 2015

(a)	(b) Identity of issue, borrower, lessor and (c) Description of investment	(d) Cost	(e) Current value
	Great-West Life & Annuity Insurance Company		
	Unallocated-fund guaranteed interest contracts		
*	Guaranteed Interest Fund - 1.45%		$ 715,971
	Registered investment company shares		
*	AllianzGI NFJ Small-Cap Value Administrative		293,871
*	American Funds American Balanced R-4		109,108
*	American Funds EuroPacific Growth R-4		618,386
*	American Funds Washington Mutual Investors R-4		454,758
*	Domini Social Equity Fund Investor		9,898
*	Eagle Small Cap Growth R5		138,699
*	Great-West SecureFoundation Balanced G		71,781
*	Invesco Developing Markets R5		9,084
*	Invesco International Small Company R5		41,121
*	John Hancock Disciplined Value Mid Cap I		421,998
*	Nuveen Real Estate Securities I		176,621
*	Prudential Jennison Growth Z		802,970
*	T. Rowe Price Mid-Cap Growth		343,344
*	Vanguard Institutional Index Institutional		395,592
*	Vanguard Mid Cap Index I		91,888
*	Vanguard Small Cap Index I		411,641
*	Vanguard Total Bond Market Index I		26,032
*	Vanguard Total International Stock Index I		4,942
	Common collective trust funds		
*	Great-West Lifetime 2015 Trust I		631,075
*	Great-West Lifetime 2015 Trust II		397,954
*	Great-West Lifetime 2015 Trust III		21,931
*	Great-West Lifetime 2025 Trust I		26,042
*	Great-West Lifetime 2025 Trust II		272,110
*	Great-West Lifetime 2025 Trust III		1,255,406
*	Great-West Lifetime 2035 Trust II		511,813
*	Great-West Lifetime 2035 Trust III		947,348
*	Great-West Lifetime 2045 Trust I		6,906
*	Great-West Lifetime 2045 Trust II		377,799

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, 2015

(a)	(b) Identity of issue, borrower, lessor and (c) Description of investment	(d) Cost	(e) Current value
*	Great-West Lifetime 2045 Trust III		132,440
*	Great-West Lifetime 2055 Trust I		4,224
*	Great-West Lifetime 2055 Trust II		65,172
*	Great-West Lifetime 2055 Trust III		13,501
*	Prudential Core Plus Bond 3		658,701
*	Participant loans, 3.25%–5.25%	–	46,865
	Total assets held for investment purposes at end of year		$10,506,992

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Quad Knopf, Inc. 401(k) Savings Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXSBLG			66,763.63	71,780.75
1L15CAC			638,589.53	631,075.24
1L15MAC			403,441.98	397,953.92
1L15AAC			22,210.75	21,931.24
1L25CAC			26,557.80	26,041.51
1L25MAC			275,873.84	272,110.07
1L25AAC			1,273,843.07	1,255,406.17
1L35MAC			520,980.97	511,812.81
1L35AAC			963,702.21	947,348.22
1L45CAC			7,073.26	6,906.22
1L45MAC			390,112.19	377,799.28
1L45AAC			135,005.29	132,440.07
1L55CAC			4,388.21	4,224.08
1L55MAC			66,871.08	65,171.88
1L55AAC			13,990.82	13,501.22
1AFEP4			618,845.91	618,385.87
1GTDIX			11,240.34	9,084.44
1IEGIX			50,958.83	41,120.87
1VTSNX			5,369.92	4,941.99
1FARCX			165,042.95	176,620.69
1PVADX			409,159.53	293,871.09
1HSRSX			153,621.24	138,699.01
1VSCIX			431,764.71	411,640.78
1JVMIX			376,363.48	421,998.05
1RPMGX			344,943.35	343,343.63
1VMCIX			94,449.06	91,888.13
1AFWM4			392,765.25	454,758.25
1DSEFX			10,947.06	9,898.36
1PJFZX			652,269.65	802,969.63
1VINIX			307,285.89	395,592.09
1RLBEX			114,475.49	109,108.59
1PCPBAC			659,732.32	658,699.81
1VBTIX			26,777.19	26,032.06
1GWACGF		1.450	685,142.66	708,869.59
			10,320,559.46	**10,453,025.61**
PARTICIPANT LOANS	VARIOUS	3.250-5.250	46,849.03	46,864.57
FORFEITURES			6,791.65	7,102.14

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 94-2228472

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Quad Knopf, Inc. 401(k) Savings Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1MXSBLG	Great-West SecureFoundation Balanced G	1L15CAC	Great-West Lifetime 2015 Trust I
1L15MAC	Great-West Lifetime 2015 Trust II	1L15AAC	Great-West Lifetime 2015 Trust III
1L25CAC	Great-West Lifetime 2025 Trust I	1L25MAC	Great-West Lifetime 2025 Trust II
1L25AAC	Great-West Lifetime 2025 Trust III	1L35MAC	Great-West Lifetime 2035 Trust II
1L35AAC	Great-West Lifetime 2035 Trust III	1L45CAC	Great-West Lifetime 2045 Trust I
1L45MAC	Great-West Lifetime 2045 Trust II	1L45AAC	Great-West Lifetime 2045 Trust III
1L55CAC	Great-West Lifetime 2055 Trust I	1L55MAC	Great-West Lifetime 2055 Trust II
1L55AAC	Great-West Lifetime 2055 Trust III	1AFEP4	American Funds EuroPacific Gr R4
1GTDIX	Invesco Developing Markets R5	1IEGIX	Invesco International Small Company R5
1VTSNX	Vanguard Total Intl Stock Index Instl	1FARCX	Nuveen Real Estate Securities I
1PVADX	AllianzGI NFJ Small Cap Value Admin	1HSRSX	Eagle Small Cap Growth R5
1VSCIX	Vanguard Small Cap Index Instl	1JVMIX	JHancock Disciplined Value Mid Cap I
1RPMGX	T. Rowe Price Mid Cap Growth	1VMCIX	Vanguard Mid Cap Index Ins
1AFWM4	American Funds Washington Mutual R4	1DSEFX	Domini Social Equity Fund Investor
1PJFZX	Prudential Jennison Growth Z	1VINIX	Vanguard Institutional Index Instl
1RLBEX	American Funds American Balanced R4	1PCPBAC	Prudential Core Plus Bond Fund Class 3
1VBTIX	Vanguard Total Bond Market Index Inst	1GWACGF	Guaranteed Interest Fund

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