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 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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [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.	09/27/2021	JANEL FREEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	209
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)**	120
a(2) Total number of active participants at the end of the plan year	**6a(2)**	111
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	94
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	206
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	206
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	205
h Number of participants who 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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	34	01/01/2020	12/31/2020

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

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	(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	2794618
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	1986414
c	Additions: (1) Contributions deposited during the year	7c(1)	117020		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	39610		
	(4) Transferred from separate account	7c(4)	1824300		
	(5) Other (specify below)	7c(5)	16287		
	▶ LOAN PAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	1997217
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3983631
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	338901		
	(2) Administration charge made by carrier	7e(2)	2770		
	(3) Transferred to separate account	7e(3)	847342		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1189013
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2794618

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 & 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	0	01/01/2020	12/31/2020

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	

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(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**	1029
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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2228472

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

ACEC RETIREMENT TRUST

1510 WOODSTOCK RD
ROSWELL, GA 30075-2132

(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?
99	OTHER	22140	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	1584	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISED ASSETS GROUP, LLC

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?
28	INVESTMENT MGMT	812	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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	91766

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2020 TRUST

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)
81-6396930-047	C	1778

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

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	1086098

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2030 TRUST

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)
81-6403402-049	C	113904

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

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)
45-0618461-016	C	2858835

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2040 TRUST

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)
81-6410069-050	C	359580

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

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)
45-0618874-014	C	987560

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2050 TRUST

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

c EIN-PN 81-6415656-051	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194609

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

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) 503049

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2060 TRUST

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

c EIN-PN 84-1455663-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26482

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

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) 388158

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SMALL CAP VALUE COLLECTV 75

b Name of sponsor of entity listed in (a): VICTORY CAPITAL COLLECTIVE INVESTMENT TRUST

c EIN-PN 90-6240599-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160815

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 reported 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)	72418	65872
(9) Value of interest in common/collective trusts	1c(9)	6707351	6772634
(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)	6747820	7201111
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1986414	2794618
(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	15514003	16834235
	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	15514003	16834235

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)	182711	
	(B) Participants	2a(1)(B)	913557	
	(C) Others (including rollovers)	2a(1)(C)	22108	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1118376
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)	4398	
	(F) Other	2b(1)(F)	39611	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		44009
	(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)	132760	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		132760
	(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)		828712
(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)		1366993
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3490850
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2145206	
(2) To insurance carriers for the provision of benefits	2e(2)	1029	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2146235
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		874
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	23509	
(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)		23509
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2170618
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1320232
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) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WMB2 **(2)** EIN: 26-3789391

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 sections 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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____



Quad Knopf, Inc. 401(k) Savings Plan

Financial Statements

and

Supplemental Schedule

Year ended December 31, 2020

with

Report of Independent Auditors

Quad Knopf, Inc. 401(k) Savings Plan

Index to Financial Statements and Supplemental Schedule

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WMB2
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

101 LARKSPUR LANDING CIRCLE
SUITE 200. LARKSPUR, CA 94939

MAIN OFFICE (415) 925-1120
FAX (415) 925-1140

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, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Responsibility of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 these 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 5, which Great-West Trust Company, LLC, the trustee and a custodian of the Plan assets and Great-West Life & Annuity Insurance Company, a custodian of the Plan assets, certified, except for comparing the information with the related information included in the financial statements. 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, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustee and custodians is complete and accurate.

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

Other Matter
Management presents the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020, 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 referred to above.

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.

WMB2, LLP

WMB², LLP
Larkspur, CA
September 22, 2021

Quad Knopf, Inc. 401(k) Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets		
Investments at fair value		
Guaranteed investment contract	$ 2,794,619	$ 1,986,414
Mutual funds	7,201,111	6,747,820
Common collective trust funds	6,772,633	6,707,351
Total investments at fair value	16,768,363	15,441,585
Receivables		
Participant notes receivable	99,148	103,841
Employer matches	–	5,275
Employer profit sharing	97,227	–
Participant deferrals	–	26,376
Total receivables	196,375	135,492
Total assets	16,964,738	15,577,077
Liabilities		
Excess contributions payable	1,659	–
Net assets available for benefits	$16,963,079	$15,577,077

See accompanying notes.

Quad Knopf, Inc. 401(k) Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2020

Additions	
Investment income	
Net appreciation in fair value of investments	$ 2,195,704
Dividends	132,761
Interest	39,163
Total investment income	2,367,628
Interest on notes receivable from participants	5,377
Contributions	
Employer matches	177,234
Employer profit sharing	97,227
Participant deferrals	886,171
Participant rollovers	22,108
Total contributions	1,182,740
Total additions	3,555,745
Deductions	
Participant benefits	2,145,041
Administrative expenses	24,702
Total deductions	2,169,743
Net increases	1,386,002
Net assets available for benefits,	
Beginning of year	15,577,077
End of year	$16,963,079

See accompanying notes.

Quad Knopf, Inc. 401(k) Savings Plan
Notes to Financial Statements
December 31, 2020

Note 1 – Description of the Plan

The following 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
The Plan is a defined contribution profit sharing plan with a cash or deferral arrangement under section 401(k) of the Internal Revenue Code (IRC). 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, to 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. Empower Retirement, an affiliate, is the Administrator and prepares the Form 5500.

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

Contributions and vesting
Participants may defer (pre-tax regular and post-tax Roth) up to the lower of 100% of their annual qualified compensation or 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 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, disabil-

Note 1 – Description of the Plan (continued)

ity, Plan termination or reaching retirement age. During the year ended December 31, 2020, QK paid discretionary match contributions equal to 20% of participant deferrals, which was the same match rate contributed during the year ended December 31, 2019. On December 21, 2020, the Board of Directors of QK approved continuing the discretionary match contributions equal to 20% of participant deferrals during 2021.

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. On December 21, 2020, the Board of Directors of QK approved a discretionary profit sharing contribution equal to 1% of eligible salaries for the year ended December 31, 2020.

Participant accounts

The Plan credits accounts for each participant with their deferral, catch-up, rollover, matching and profit-sharing contributions and charges accounts for each participant for investment fees, participant notes receivable fees, administrative expenses 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.

The Custodians charge participants, reported as a reduction in net appreciation in fair value of investments, for certain investment trading and management activities. The Custodians disclose such charges in prospectuses and fee disclosures it makes available to participants.

Participant notes receivable

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 note balance during the past twelve months). The notes bear fixed interest at rates similar to those issued by lending institutions under similar circumstances and the term of the notes cannot exceed five years, except when the participant uses the note proceeds to buy the participant's principal residence, in which case the maximum term is 30 years. Participants make bi-weekly note payments with deferrals of after-tax compensation. The remaining

Note 1 – Description of the Plan (continued)

participant account balance secures the note. Notes become due immediately upon termination of employment.

Investment options
Participants choose investment options for their deferral, catch-up, rollover, matching and profit-sharing contributions from the investment options offered by the Custodians. As of December 31, 2020, the Custodians offered unallocated-fund guaranteed investment contract, mutual funds and common collective trust funds 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. Participants may withdraw rollover contributions at any time. 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). Under limited circumstances the Plan must make certain payments in installments. 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. With certain limitations, participants forfeit unvested matching and profit sharing contributions and earnings thereon upon termination of employment.

Forfeitures
As of December 31, 2020 and 2019, the Plan held unallocated forfeitures and earnings thereon totaling $7,612 and $6,766, respectively. The Plan may use forfeitures to pay Plan administrative expenses or make matching and profit-sharing contributions. During the year ended December 31, 2020, the Plan accumulated forfeitures and earnings thereon totaling $7,568 and allocated to participants totaling $6,722.

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 interest, including interest on

Note 2 – Summary of Significant Accounting Policies (continued)

notes receivable from participants, on the accrual basis. The Plan records expenses and other deductions when incurring the related obligation. The Plan records benefit payments when paid.

Investment valuation

The Plan values investments at fair value, as certified by the Custodians and evaluated by the management of the Plan. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan presents the net appreciation in fair value of investments given by the Custodians. The Custodians calculate the net appreciation in fair value for the mutual funds and common collective trust funds by aggregating realized gains and losses and unrealized appreciation and depreciation using the method promulgated by the 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 mutual funds and common collective trust funds in different years. However, when aggregated and as presented, the net appreciation in fair value of investments is the same under US-GAAP and DOL methods.

Net appreciation in fair value of investments 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 appreciation in fair value 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.

Participant notes receivable

The Plan measures participants' notes receivable as their unpaid principal balance plus any accrued but unpaid interest. As of December 31, 2020 and 2019, the Plan recorded no allowance for credit losses.

Use of estimates

The preparation of financial statements in conformity with US-GAAP requires management to make estimates and assumptions that affect reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Note 2 – Summary of Significant Accounting Policies (continued)

Coronavirus Aid, Relief, and Economic Security Act

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was passed by the U.S. Senate on March 26, 2020. Section 2202 of the CARES Act permits Plan participants to request penalty-free distributions of up to $100,000, increase the available loan amount to the lesser of $100,000 or 100% of the participant's vested account and extend the period for loan repayment for up to one year for qualifying coronavirus-related reasons. These reasons include adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The Plan adopted the CARES Act distribution and loan options in the Plan beginning in April of 2020.

Note 3 – Investments at Fair Value Measurements

The Plan uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to level 1 inputs and the lowest priority to Level 3 inputs. The hierarchy consists of three broad levels:

Level 1 inputs consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 inputs consist of quoted prices for identical assets or liabilities in active markets, quoted prices for identical assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 inputs consist of unobservable inputs that are significant to the fair value measurement.

The fair value measurement level of an asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Note 3 – Investments at Fair Value Measurements (continued)

Following is a description of the valuation methodology used for assets measured at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission (SEC). The SEC requires mutual funds to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Mutual funds are valued at Level 1 input, except the Jennison Large Cap Growth, which uses Level 2 inputs in the same manner as the common collective trust funds (below).

Guaranteed investment contract: Valued at the amount QK would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity. The fair value approximates contract value.

Common collective trust funds: The Plan bases the fair value of common collective trust funds, which are equity securities with readily determinable fair values, at the daily unit closing price as reported by the Custodians. The Custodians base the unit price on the fair value on the underlying securities and other investments, using unadjusted quoted prices in active markets for identical assets, unadjusted and insignificantly adjusted quoted prices in active and inactive markets for identical and similar assets and the contract value and credit rating of the Custodians. The Custodians use third-party pricing services to determine the pricing for fair value determinations. Each common collective trust fund invests principally in one mutual fund with a fair value determined using Level 1 inputs, equity securities in proportion to mirror the named index with fair values determined using Level 1 and Level 2 inputs and debt securities with fair values determined using Level 2 inputs.

As of December 31, 2020, fair values and input Levels of the Plan investments total as follows:

Class and investment	Fair value	Level 1	Level 2	Level 3
Guaranteed investment contract	$ 2,794,619	$ –	$ –	$2,794,619
Mutual funds	7,201,111	5,431,447	1,769,664	–
Common collective trust funds	6,772,633	–	6,772,634	–
Totals	$16,768,363	$5,431,447	$8,542,298	$2,794,619

During the year ended December 31, 2020, the Plan did not move investments among different input Levels. During the year ended December 31, 2020, changes in the fair value of investments measured using Level 3 inputs total as follows:

Note 3 – Investments at Fair Value Measurements (continued)

Level 3	Guaranteed investment contract
Fair value, December 31, 2019	$ 1,986,414
Interest	39,610
Purchases and issuances	1,957,608
Sales and settlements	(1,189,013)
Fair value, December 31, 2020	$2,794,619
Unrealized appreciation and (depreciation), net	$ –

As of December 31, 2019, fair values and input Levels of the Plan investments total as follows:

Class and investment	Fair value	Level 1	Level 2	Level 3
Guaranteed investment contract	$ 1,986,414	$ –	$ –	$1,986,414
Mutual funds	6,747,820	5,249,053	1,498,767	–
Common collective trust funds	6,707,351	–	6,707,351	–
Totals	$15,441,585	$5,249,053	$8,206,118	$1,986,414

Note 4 – Group Annuity Contract with Insurance Company

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

Note 4 – Group Annuity Contract with Insurance Company (continued)

The contract does not meet the fully benefit-responsive investment contract criteria due to participant withdrawal restrictions and therefore, is reported at fair value. As of December 31, 2020 and 2019, the fair value of guaranteed investment contract was not materially different from its contract value. The Plan did not record any reserves against contract value for credit risk of the Custodians or otherwise. When establishing the interest crediting rate for the guaranteed investment contract, 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 investment 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 investment contract. 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 investment contract does not otherwise permit the Custodians to terminate the agreement before making payments to participants at contract value.

Note 5 – 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 investments and participant notes receivable in the statements of net assets available for benefits as of December 31, 2020 and 2019, the investment income and interest on notes receivable from participants in the statement of changes in net assets available for benefits for the year ended December 31, 2020, and the investments and participant notes receivable in the supplemental schedule as of December 31, 2020, in accordance with Section 2520.103.8 of the DOL Rules and Regulations for Reporting and Disclosure under the ERISA. Independent auditors did not audit the information certified by the Trustee and Custodians.

Note 6 – Receivables

Participants pay their notes in bi-weekly installments of principal and fixed interest, at rates ranging from 4.50%-6.50%. Remaining participant account balances secure the notes and they mature on various dates from June 16, 2021 through March 2, 2025. The Plan accelerates participant note maturity upon participant termination, withdrawal or security or after one full quarter after a scheduled payment remains unpaid.

On March 23, 2021, the Custodians received and allocated an annual non-elective profit sharing contribution, calculated on eligible compensation earned during the year ended December 31, 2020, and totaling $97,227. There was no annual non-elective profit sharing contribution for the year ended December 31, 2019.

As of December 31, 2019, matches of and deferrals from compensation earned during the pay period December 8 through 21, 2019 and subsequently received and allocated by the Custodians on January 3, 2020, totaled $5,275 and $26,376, respectively.

Note 7 – Excess Contribution Payable

As of December 31, 2020, the Plan accrued excess participant contributions totaling $1,659, refundable to one participant. Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as accounts payable, with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions prior to March 15, 2021.

Note 8 – Expenses

During the year ended December 31, 2020, participants paid directly certain administrative, investment and participant notes receivable fees totaling $24,702. The Plan pays all Plan expenses, except settlor expenses, from forfeitures, when available. Otherwise, QK pays the expenses and the Plan excludes those expenses from the financial statements.

Note 9 – Income Tax Status

QK last amended and restated the Plan effective June 28, 2021, and patterned the amended and restated Plan after the "Non-standardized Pre-Approved Profit-Sharing Plan, Money Purchase with CODA" of the Trustee. The Internal Revenue Service (IRS) issued the latest determination letter for the "Non-standardized Pre-Approved Profit-Sharing Plan, Money Purchase with CODA" on June 30, 2020. The favorable determination letter stated that the "Non-standardized Pre-Approved Profit-Sharing Plan, Money Purchase 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 the current design, qualifications and operations of the Plan comply with the applicable requirements of the IRC and the related trust was tax-exempt as of December 31, 2020. Accordingly, QK did not include a provision for income taxes.

In addition, management evaluates certain tax positions taken by the Plan and recognizes a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the DOL, or IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

Note 10 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The COVID-19 outbreak continues as of the date of this report. There are many uncertainties related to the COVID-19 global pandemic that could negatively affect the Plan's statement of net assets available for benefits and statement of changes in net assets available for benefits. The Plan's individual investments fluctuate in response to changing market conditions; therefore, the effect of the COVID-19 pandemic on its investment values in subsequent periods, if any, cannot be determined.

Note 11 – 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 the provisions of the ERISA. Under no circumstances may any vested Plan assets revert to QK by Plan amendment or termination.

Note 12 – Terminated Participants

As of December 31, 2020 and 2019, participants who were no longer employees of QK had $5,246,764 and $4,663,135 remaining in their accounts, respectively. Vested balances totaled $5,178,202 and $4,608,156, respectively.

Note 13 – Related Party and Party-in-Interest Transactions

The Trustee and Custodians own, control or sub-advise the mutual fund investments and common collective trust funds. The Trustee and Custodians invest and secure investments in guaranteed investment contracts in and with the general assets of the Custodians. Such investments and transactions constitute party-in-interest transactions.

The Custodians provide certain administrative services to the Plan pursuant to a Group Annuity Contract. The Custodians may receive revenue from mutual fund service providers for services it provides.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 14 – Form 5500 Reconciliation

Differences between the amounts reported herein and on the Form 5500, as of December 31, 2020, total as follows:

Note 14 – Form 5500 Reconciliation (continued)

	2020	2019
Net assets available for benefits per the financial statements	$16,963,079	$15,577,077
Receivables	(97,227)	(31,651)
Participants notes receivable deemed distribution	(33,276)	(31,423)
Payables	1,659	-
Net assets available for benefits per the Form 5500	$16,834,235	$15,514,003

Differences between the amounts reported herein and on the Form 5500, during the year ended December 31, 2020, total as follows:

Net increase per the financial statements	$ 1,386,002
Net change in receivables	(65,576)
Net change in participants notes receivable deemed distribution	(1,853)
Net change in payables	1,659
Net increase per the Form 5500	$ 1,320,232

Note 15 – Subsequent events

QK amended and restated the Plan effective June 28, 2021.

On June 30, 2021, QK acquired a small company and on July 30, 2021, QK sent a blackout notice to its employees informing them of the plan merge of the newly acquired company's profit sharing plan into QK's Plan effective August 30, 2021.

No other subsequent events were identified through September 22, 2021, the date these financial statements were issued.

Note 16 – Recently adopted accounting standard

In August 2018, the Financial Accounting Standards Board (FASB) Issued Accounting Standards Update (ASU) 2018-13, *Fair Value measurement (Topic 820) – Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The ASU modifies the disclosure requirements for the fair value measurements in Topic 820, including elimination, modification to, and addition of certain disclosures. The ASU is effective for fiscal years beginning after December 31, 2019. The provisions of the ASU did not have a material impact on the Plan's financial statement disclosures.

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Supplemental Schedule

Quad Knopf, Inc. 401(k) Savings Plan
EIN 94-2228472 PN #001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2020

(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 investment contract		
*	Great West Investments Fixed Account Series Class III - 1.75%		$ 2,794,619
	Mutual funds		
*	American Funds American Balanced R-6		270,385
*	American Funds EuroPacific Growth R-6		825,589
*	American Funds Washington Mutual Investors R-6		709,822
*	DFA Emerging Markets Core Equity I		44,599
*	Jennison Large Cap Growth		1,769,664
*	John Hancock Disciplined Value Mid Cap R6		698,403
*	Nuveen Real Estate Securities R6		147,075
*	T. Rowe Price Instl Mid-Cap Equity Growth		901,671
*	T. Rowe Price QM US Small-Cap Growth Equity I		176,978
*	Vanguard Institutional Index Institutional PL		398,036
*	Vanguard Mid Cap Index I		145,859
*	Vanguard Small Cap Index I		815,133
*	Vanguard Total Bond Market Index I		164,159
*	Vanguard Total International Stock Index I		119,033
*	Vanguard FTSE Social Index Admiral		14,705
	Common collective trust funds		
*	Great-West Lifetime 2015 Trust Institutional		91,766
*	Great-West Lifetime 2020 Trust Institutional		1,778
*	Great-West Lifetime 2025 Trust Institutional		1,086,098
*	Great-West Lifetime 2030 Trust Institutional		113,904
*	Great-West Lifetime 2035 Trust Institutional		2,858,835
*	Great-West Lifetime 2040 Trust Institutional		359,580
*	Great-West Lifetime 2045 Trust Institutional		987,560
*	Great-West Lifetime 2050 Trust Institutional		194,609
*	Great-West Lifetime 2055 Trust Institutional		503,049
*	Great-West Lifetime 2060 Trust Institutional		26,482
*	Prudential Core Plus Bond Fund Class 12		388,157
*	Victory Integrity Small-Cap Value Collective A 75		160,815
*	Participant loans, 4.50%–6.50%	–	65,872
	Total assets held for investment purposes at end of year		$16,834,235

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-20 to 31-DEC-20

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1AC15AZ			74,632.98	91,765.97
1AC20AZ			1,427.19	1,777.47
1AC25AZ			852,832.32	1,086,097.90
1AC30AZ			93,809.95	113,904.36
1AC35AZ			2,190,577.51	2,858,834.83
1AC40AZ			277,409.19	359,580.14
1AC45AZ			755,630.34	987,560.06
1AC50AZ			150,417.97	194,609.23
1AC55AZ			397,220.41	503,049.34
1AC60AZ			22,857.70	26,482.20
1RERGX			542,162.02	825,589.40
1DFCEX			37,633.59	44,598.96
1VTSNX			101,625.97	119,033.26
1FREGX			150,220.22	147,074.99
1TQAIX			150,128.75	176,977.87
1VSCIX			541,491.86	815,133.40
1VSCV75			101,118.31	160,815.09
1JVMRX			688,779.80	698,403.24
1PMEGX			654,586.52	901,670.53
1VMCIX			111,061.62	145,858.52
1RWMGX			578,829.40	709,821.53
1JNSLCG			820,212.24	1,769,664.38
1VFTAX			11,884.09	14,704.94
1VIIIX			318,459.01	398,035.61
1RLBGX			230,571.14	270,385.06
1PCPB12			320,316.76	388,157.35
1VBTIX			155,512.71	164,159.10
1GWAQ25		1.450	2,733,825.09	2,787,006.48
			13,065,234.66	**16,760,751.21**
PARTICIPANT LOANS	VARIOUS	4.500-6.500	65,518.58	65,871.61
FORFEITURES			7,447.93	7,612.05

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-20 to 31-DEC-20

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1AC15AZ	Great-West Lifetime 2015 Trust	1AC20AZ	Great-West Lifetime 2020 Trust
1AC25AZ	Great-West Lifetime 2025 Trust	1AC30AZ	Great-West Lifetime 2030 Trust
1AC35AZ	Great-West Lifetime 2035 Trust	1AC40AZ	Great-West Lifetime 2040 Trust
1AC45AZ	Great-West Lifetime 2045 Trust	1AC50AZ	Great-West Lifetime 2050 Trust
1AC55AZ	Great-West Lifetime 2055 Trust	1AC60AZ	Great-West Lifetime 2060 Trust
1RERGX	American Funds EuroPacific Gr R6	1DFCEX	DFA Emerging Markets Core Equity I
1VTSNX	Vanguard Total Intl Stock Index Instl	1FREGX	Nuveen Real Estate Securities R6
1TQAIX	T. Rowe Price QM US Small-Cap Gr Eq I	1VSCIX	Vanguard Small Cap Index Instl
1VSCV75	Victory Small Cap Value Collective 75	1JVMRX	JHancock Disciplined Value Mid Cap R6
1PMEGX	T. Rowe Price Instl Mid-Cap Equity Gr	1VMCIX	Vanguard Mid Cap Index Ins
1RWMGX	American Funds Washington Mutual R6	1JNSLCG	Jennison Large Cap Growth
1VFTAX	Vanguard FTSE Social Index Admiral	1VIIIX	Vanguard Institutional Index Instl Pl
1RLBGX	American Funds American Balanced R6	1PCPB12	Prudential Core Plus Bond Fund Class 12
1VBTIX	Vanguard Total Bond Market Index Inst	1GWAQ25	GWI Fixed Account - Series Class III

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