

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RR DONNELLEY SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1978</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1978</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1978</u>					
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) <u>R. R. DONNELLEY & SONS COMPANY</u> <u>35 W WACKER DR</u> <u>CHICAGO, IL 60601</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-1004130</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>630-964-6363</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-1004130</u>	2c Plan Sponsor's telephone number <u>630-964-6363</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>36-1004130</u>					
2c Plan Sponsor's telephone number <u>630-964-6363</u>					
2d Business code (see instructions) <u>323100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	CHRISTY L. GOLDBERG-HIRSCH
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS COMMITTEE 35 W. WACKER DRIVE CHICAGO, IL 60601		3b Administrator's EIN 20-1730106	
		3c Administrator's telephone number 630-964-6363	
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	19792
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)	15942
a(2) Total number of active participants at the end of the plan year		6a(2)	13577
b Retired or separated participants receiving benefits.....		6b	369
c Other retired or separated participants entitled to future benefits		6c	4518
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	18464
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	75
f Total. Add lines 6d and 6e		6f	18539
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	16452
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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 2R 2S 2T 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 RR DONNELLEY SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 R. R. DONNELLEY & SONS COMPANY	D Employer Identification Number (EIN) 36-1004130	

Part I	Service Provider Information (see instructions)
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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
GALLIARD CAPITAL MANAGEMENT, INC.
41-1813702

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST CORPORATION
36-2723087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

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

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

84-0467907

(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?
12 15 37 38 50 64 65	NONE	843436	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADVISED ASSETS GROUP, LLC

84-1532243

(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?
26 28 50	NONE	522786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	504101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FIDELITY INSTITUTIONAL ASSETS MGMT

04-3532603

(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 50	NONE	413087	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ROCATON INVESTMENT ADVISORS, LLC

13-3575636

(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?
27 28 50 51	NONE	280000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T ROWE PRICE STABLE ASSET MGMT INC.

52-0556948

(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 50	NONE	233118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WELLS CAPITAL MANAGEMENT

95-3692822

(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 50	NONE	138257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY US, LLP

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	36950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

R. R. DONNELLEY AND SONS COMPANY

36-1004130

(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?
14 50	NONE	24412	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>RR DONNELLEY SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>003</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>R. R. DONNELLEY & SONS COMPANY</u>	D Employer Identification Number (EIN) <u>36-1004130</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE 1-10 TIPS</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-143</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6953447</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA US SHORT TERM GVT BOND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-230</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6864060</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE LONG TERM GOVT BD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-060</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50716410</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>304332431</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ALL COUNTRY WORLD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-223</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>148304705</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE SHORT TERM INV</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3911306</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE AGGREGATE BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-088</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>101350745</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO FIXED INCOME FUND A**

b Name of sponsor of entity listed in (a): **WELLS FARGO TRUST COMPANY**

c EIN-PN 52-2250963-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37532650
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO FIXED INCOME FUND F**

b Name of sponsor of entity listed in (a): **WELLS FARGO TRUST COMPANY**

c EIN-PN 52-2252204-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49008735
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO FIXED INCOME FUND L**

b Name of sponsor of entity listed in (a): **WELLS FARGO TRUST COMPANY**

c EIN-PN 27-6635237-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37477114
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO SHORT TERM INV - S**

b Name of sponsor of entity listed in (a): **WELLS FARGO TRUST COMPANY**

c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2574577
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE EXTENDED EQ MKT INDEX**

b Name of sponsor of entity listed in (a): **NORTHERN TRUST INVESTMENTS, INC**

c EIN-PN 45-6138589-110	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40582391
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 RR DONNELLEY SAVINGS PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 R. R. DONNELLEY & SONS COMPANY	D Employer Identification Number (EIN) 36-1004130	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	2608	31272
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	555204	1127480
(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	871427
(B) Common	1c(4)(B)	238051096	168701549
(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)	16246001	13472913
(9) Value of interest in common/collective trusts	1c(9)	727235161	789608571
(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)	224091005	313233872
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	51088358	55636130

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	1257269433	1342683214

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	481399	670121
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	266386	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	747785	670121

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1256521648	1342013093
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	49839699	
(C) Others (including rollovers).....	2a(1)(C)	3433263	
(2) Noncash contributions.....	2a(2)	0	53272962
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-23	
(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)	846154	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		846131
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	2475813	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5510249	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7986062
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	205301783	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	223539691	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	45119423	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		100840876
(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)		46564008
c Other income	2c		-1530778
d Total income. Add all income amounts in column (b) and enter total.....	2d		234860776

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	146958533	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		146958533
f Corrective distributions (see instructions)	2f		428869
g Certain deemed distributions of participant loans (see instructions).....	2g		714967
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	423546	
(2) Contract administrator fees	2i(2)	843416	
(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)		1266962
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		149369331

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		85491445
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan RR DONNELLEY SAVINGS PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 R. R. DONNELLEY & SONS COMPANY		D Employer Identification Number (EIN) 36-1004130
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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 _____

RR DONNELLEY SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Including Independent Auditors' Report

December 31, 2020 and 2019

RR Donnelley Savings Plan

December 31, 2020 and 2019

Index

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Note: All other schedules required by Section 2520.103-10 of the Department Of Labor's rules and regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable to the RR Donnelley Savings Plan.

Independent Auditors' Report

To The Participants and Plan Administrator of
RR Donnelley Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of RR Donnelley Savings Plan (the "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.

Management's Responsibility 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 9, which was certified by The Northern Trust Company, the trustee of the Plan (Trustee), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee 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 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 on the accompanying financial statements. Accordingly, we do not express an opinion on these financial statements.

Other Matters- Report on the Supplementary Information

The supplementary schedule of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedule.

Report on Form and Content in Compliance with DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Chicago, Illinois
September 15, 2021

RR DONNELLEY SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2020 AND 2019
(EMPLOYER IDENTIFICATION NUMBER 36-1004130, PLAN NUMBER 003)

	<u>2020</u>	<u>2019</u>
ASSETS		
Plan investments, at fair value	\$ 1,201,470,985	\$ 1,129,913,501
Plan investments, at contract value	121,961,699	108,847,246
Receivables:		
Participant contributions	31,272	2,608
Notes receivable from participants	<u>15,436,115</u>	<u>17,692,381</u>
Total receivables	<u>15,467,387</u>	<u>17,694,989</u>
Total assets	1,338,900,071	1,256,455,736
LIABILITIES		
Accrued expenses and other liabilities	294,140	481,399
Excess contributions payable	<u>375,981</u>	<u>266,386</u>
Total liabilities	<u>670,121</u>	<u>747,785</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,338,229,950</u></u>	<u><u>\$ 1,255,707,951</u></u>

RR DONNELLEY SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020
(EMPLOYER IDENTIFICATION NUMBER 36-1004130, PLAN NUMBER 003)

ADDITIONS TO NET ASSETS:

Investment income	
Dividend and interest income	\$ 8,392,021
Net appreciation in fair value of investments	168,863,370
Total investment income	177,255,391
Interest income on notes receivable from participants	897,074
Contributions	
Participants	49,839,699
Rollovers	3,433,263
Total contributions	53,272,962
Total additions	231,425,427

DEDUCTIONS FROM NET ASSETS:

Benefits paid to participants	147,636,467
Administrative expenses	1,266,961
Total deductions	148,903,428
Net increase	82,521,999

NET ASSETS, BEGINNING OF YEAR	1,255,707,951
NET ASSETS, END OF YEAR	<u><u>\$ 1,338,229,950</u></u>

RR DONNELLEY SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 and 2019

NOTE 1 – PLAN DESCRIPTION

The following description of the RR Donnelley Savings Plan (the “Plan”) is provided for general information purposes only and covers current Plan provisions, except as specifically noted otherwise. For more complete information, refer to the Summary Plan Description and the Plan document, including any modifications and amendments thereto. The Plan is a defined contribution plan sponsored by R. R. Donnelley & Sons Company (the “Company”) designed to allow eligible employees to save for retirement on a tax-advantaged basis. The Plan is intended to qualify as a cash or deferred arrangement under Section 401(k) of the Internal Revenue Code of 1986, as amended (the “Code”), and is subject to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Administration

The Plan is administered by the Plan’s Benefits Committee and its delegates and allocatees. The Plan’s assets are held in the RR Donnelley Savings Plan Trust (the “Trust”). The Northern Trust Company (the “Trustee”) serves as the trustee of the Trust and custodian of the Plan’s assets. Great-West Financial Retirement Plan Services, LLC, operating under the brand name Empower Retirement, is the Plan’s recordkeeper.

Eligibility

With certain limited exceptions, all employees of the Company and its U.S. subsidiaries are eligible to become Plan members (“participants”). Elections to participate in the Plan are effective as soon as administratively practicable. The Plan has automatic enrollment provisions pursuant to which eligible employees are automatically enrolled 30 days after being hired, in each case unless the employee opts out of automatic enrollment or elects to be enrolled earlier. Individuals who are automatically enrolled make contributions on a before-tax basis equal to 3% of eligible compensation.

Contributions

Eligible employees may elect to make before-tax, after-tax and Roth 401(k) contributions under the Plan. Subject to certain limitations, the contribution election percentages allowed are from 1%-85% of eligible compensation for before-tax, after-tax and Roth 401(k) contributions, and the total of all elections cannot exceed 85% of eligible compensation. Before-tax and Roth 401(k) contributions are also limited by governmental regulations. Participants who have attained age 50 by the end of the Plan year are eligible to make catch-up contributions and thereby exceed certain governmental limits that would otherwise apply. Participants can change contribution elections at any time.

The Plan permits the Company to provide discretionary matching contributions. The Company did not make any discretionary matching contributions for the 2020 Plan year. Furthermore, from time to time, the Company makes matching contributions in connection with a corporate transaction, such as an acquisition. These matching contributions are generally made for only a limited time period.

Employees may also roll over amounts to the Plan that are distributed from certain types of retirement plans and accounts.

Participant Accounts

Each participant’s account is credited with the participant’s contributions and the Company’s contributions, if any, and allocations of Plan earnings. Participant accounts are charged with an allocation of general administrative expenses and with participant specific transaction charges. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting and Forfeited Accounts

Generally, participants are 100% vested in their accounts, except that employer contributions, such as matching contributions, (and earnings thereon) were generally subject to a three-year cliff vesting schedule, although the vesting schedule may have varied with respect to matching contributions made in connection with a corporate transaction. Effective January 1, 2018, eligible participants became 100% vested in their employer contributions.

At December 31, 2020 and 2019, forfeited non-vested accounts totaled \$0 and \$20, respectively. These accounts will be used to reduce future employer contributions or administrative expenses. During 2020, no forfeitures were used to reduce employer contributions and \$20 of forfeitures were used to pay administrative expenses.

RR DONNELLEY SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 and 2019

Notes Receivable from Participants

Subject to statutory and regulatory requirements and Plan rules, participants are generally permitted to borrow up to 50% of certain portions of their vested account balance. The minimum loan amount is \$1,000. The loans bear interest at a rate equal to 1% over the prime rate on the first business day of the month in which the loan is initiated, as published in the Wall Street Journal. Principal and interest is paid through payroll deductions.

In response to the outbreak of a novel coronavirus disease ("COVID-19"), the United States Congress passed the Coronavirus Aid, Relief and Economic Security Act (CARES Act) to provide expanded access to retirement plan accounts. The Plan adopted provisions under the CARES Act related to loans and deferred loan repayments for those participants who qualify under the CARES Act.

Benefit Payments and Withdrawals

A participant's account balance may be distributed in various forms and at various times depending on multiple factors, including the participant's employment status, the participant's age, the participant's financial need, the participant's uniformed services status, the classification of the contributions to the participant's account and the type of investments held in the participant's account.

Distributions can be taken as one or more lump sums or as periodic installments. Additionally, in certain situations, brokerage account assets may be distributed in-kind. The Plan also adopted provisions under the CARES Act related to distributions for those participants who qualify under the CARES Act.

Investment Options

Participants are permitted to direct how their account balance under the Plan is invested. Subject to certain restrictions, participants can change investment elections on a daily basis. As of December 31, 2020 and 2019, the following investment options were offered under the Plan:

Core Investment Funds— investment funds that invest in different asset classes, such as fixed income, bonds, stocks, and alternative investments.

Target Date Funds— mix of investments in core investment funds that automatically reduce their level of equity risk over time and target retirement at age 65.

Conservative Income Fund— a conservative portfolio comprised of a mix of investments in core investment funds with equity risk maintained lower than any Target Date Fund.

Self-Directed Brokerage Accounts— participants may invest a portion of their account balance under the Plan in investment options not otherwise offered under the Plan, such as certain mutual funds, stocks, or bonds, by directing such portion of their account balance to be invested through a self-directed brokerage account under the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). The accounts of the Plan are maintained on the accrual basis of accounting. Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the Plan Administrator to make estimates and assumptions that affect (i) the reported amounts of assets, liabilities and changes therein, and (ii) disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between

RR DONNELLEY SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 and 2019

Investment Valuation and Income Recognition (cont.)

market participants at the measurement date. See Note 4 for discussion of fair value measurements, including details on inputs, valuation techniques and the fair value levels within the fair value hierarchy.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation of investments included in the accompanying Statement of Changes in Net Assets Available for Benefits includes realized gains or losses from the sale of investments during the year, the change in unrealized appreciation or depreciation in the fair value of investments held during the year and any investment related expenses, such as investment manager fees.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. Fees related to the administration of notes receivable from participants are included in the principal amount borrowed and are charged directly to a participant by reducing the amount of principal disbursed to the participant at loan origination.

Plan Distributions

Benefit payments to participants are recorded upon distribution. The Trustee uses a distribution account to make all benefit payments. Amounts are transferred from the participant's investment fund(s) to this account as directed by the Plan administrator.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless paid by the Company. Expenses paid by the Company include certain legal fees, and some other administrative fees and are excluded from these financial statements. Administrative expenses paid by the Plan include recordkeeping fees, investment consulting fees, custody fees, audit fees, and most other administrative fees. Investment related expenses paid by the Plan, such as investment management fees, are included in net appreciation/(depreciation) in fair value of investments.

Risks and Uncertainties

The Plan provides various options for investing in securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Recent Accounting Standards

In July 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-09, *Codification Improvements*. ASU No. 2018-09 amended subtopic 962-325 and removes the stable value common collective fund ("CCT") from the illustration example in paragraph 962-325-55-17 to avoid the interpretation that such an investment would never have a readily determinable fair value and, therefore, would always use the net asset value per share as practical expedient. Rather, a plan should evaluate whether a readily determinable fair value exists to determine whether those investments may qualify for the practical expedient to measure net asset value in accordance with Topic 820. ASU No. 2018-09 is effective for fiscal years beginning after December 15, 2019. An entity shall apply the amendments prospectively. Early adoption is permitted. The Plan adopted ASU No. 2018-09 for the year ended December 31, 2020 and the amendments did not change the Plan's fair value hierarchy.

In August 2018, the FASB issued ASU No. 2018-13, *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 modifies the disclosure requirements for fair value measurements in Topic 820, Fair Value Measurement. The amendments are based on the concepts in the FASB Concepts Statement, *Conceptual Framework for Financial Reporting – Chapter 8: Notes to Financial Statements*, which the Board finalized on August 28, 2018. ASU No. 2018-13 is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted. The Plan adopted ASU No. 2018-13 for the year ended December 31, 2020 and the amendments did not impact the Plan's financial statements and disclosures.

RR DONNELLEY SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 and 2019

NOTE 3 – GALLIARD STABLE VALUE FUND

The Plan assets include benefit-responsive investment contracts via investment in the Galliard Stable Value Fund (“the Fund”), an investment option of the Plan. The Fund is solely owned by the Plan and therefore the Plan owns the Fund’s underlying contracts and investments.

The Fund primarily invests in security-backed contracts issued by insurance companies and other financial institutions. A security-backed contract is an investment contract issued by an insurance company or other financial institution, backed by a portfolio of bonds or units of a collective fund that are owned by the Fund. The portfolio underlying the contract is maintained separately from the contract issuer’s general assets, usually by a third party custodian. These contracts typically allow for realized and unrealized gains and losses on the underlying assets to be amortized, usually over the duration of the underlying investments, through adjustment to the future interest crediting rate, rather than reflected immediately in the net assets of the Fund. The security-backed contracts are designed to reset their respective crediting rates on a quarterly basis and cannot credit an interest rate that is less than 0%. The issuer guarantees that all qualified participant withdrawals will be at contract value.

The Fund’s investments are reported at contract value, except for a short-term investment collective trust fund used for liquidity, which is at fair value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate a permitted transaction under the terms of the Plan and the contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Risks arise when entering into any investment contract due to the potential inability of the issuer to meet the terms of the contract. In addition, security-backed contracts have the risk of default or the lack of liquidity of the underlying portfolio assets. The credit risk of each issuer is evaluated and monitored through Galliard’s credit analysis, and the underlying portfolio assets are rated investment grade at the time of purchase.

The primary variables impacting the future crediting rates of security-backed contracts include:

- The current yield of the assets underlying the contract;
- The duration of the assets underlying the contract; and
- The existing difference between the fair value and contract value of the assets within the contract.

The crediting rate of security-backed contracts will track current market yields on a trailing basis. The rate reset allows the contract value to converge with the fair value of the underlying portfolio over time, assuming the portfolio continues to earn the current yield for a period of time equal to the current portfolio duration.

Security-backed contracts generally provide for withdrawals associated with certain events which are not in the ordinary course of Fund operations and are paid with a market value adjustment. Events that may trigger a market value adjustment can include the following:

- Material amendments to the Fund’s structure or administration;
- Changes to the participating plans’ competing investment options including the elimination of equity wash provisions;
- Complete or partial termination of the Fund, including merger with another fund;
- The failure of the Fund to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA;
- The redemption of all or a portion of the interests in the Fund held by a participating plan including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the participating plan, the closing or sale of a subsidiary, employing unit, or affiliate, the bankruptcy or insolvency of a plan sponsor, the merger of the plan with another plan, or the plan sponsor’s establishment of another tax qualified defined contribution plan;
- Any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the Funds or participating plans; and
- The delivery of any communication to plan participants designed to influence a participant not to invest in the Fund.

RR DONNELLEY SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 and 2019

NOTE 3 – GALLIARD STABLE VALUE FUND (CONT.)

At this time, the Fund does not believe that the occurrence of any such market value event, which would limit the Fund's ability to transact at contract value with participants, is probable. Participants may redeem their shares at any time at contract value. However, there is a 90 day equity wash restriction for transfers from the Stable Value Fund to the brokerage option.

NOTE 4 – FAIR VALUE MEASUREMENTS

Various inputs are used in determining the fair value of the Plan's investments. These inputs are categorized in the three tier value hierarchy, which prioritizes valuation methodology based on the reliability of inputs, as listed below:

Level 1 – Valuations based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Valuations based on unobservable inputs reflecting the Plan's own assumptions, consistent with reasonably available assumptions made by other market participants.

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

The following is a description by major asset categories of the valuation methodologies and levels used for determining fair value. There have been no changes in the methodology used at December 31, 2020 and 2019.

Cash – Carrying value approximates fair value. Cash is classified as Level 1.

Equity securities – The values of individual equity securities, primarily preferred stock, common stock, and exchange traded real estate investment trusts, are based on quoted prices in active markets. As such, these assets are classified as Level 1.

Collective trust funds – The fair values of participation units held in collective trusts are based on the net asset value ("NAV") reported by the fund managers as of the financial statement dates and recent transaction prices, but are not quoted on active markets. The NAV is used as a practical expedient. Each collective trust provides for daily redemptions by the Plan at reported NAVs per share, with no advance notice requirement.

Registered investment companies – Valued at the daily closing price as reported by the fund. Investments held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1 measurements).

Self-directed brokerage accounts – The individually managed self-directed brokerage accounts are also classified as Level 1 since the underlying investments are actively traded on a market or exchange.

The valuation methodologies described above may generate a fair value calculation that may not be indicative of net realizable value or future fair values. While the Plan believes the valuation methodologies used are appropriate, the use of different methodologies or assumptions in calculating fair value could result in different amounts. The Plan invests in various assets the valuation of which is determined by NAV. The Plan believes that the NAV is representative of fair value at the reporting date, as there are no significant restrictions on redemption of these investments or other reasons to indicate that the investment would be redeemed at an amount different than the NAV. The fair values of the Plan's investments within the fair value hierarchy as of December 31, 2020 and 2019 were as follows:

RR DONNELLEY SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS (CONT.)

Investment Category	Level 1	Level 2	Level 3	Total as of December 31, 2020
Cash	\$ 1,127,480	\$ -	\$ -	\$ 1,127,480
Equity securities	175,525,401	-	-	175,525,401
Registered investment companies	313,233,872	-	-	313,233,872
Self-directed brokerage accounts	49,683,705	-	-	49,683,705
Subtotal	539,570,458	-	-	539,570,458
<i>Investments measured at NAV*:</i>				
Collective trust funds				661,900,527
Total investments at NAV				661,900,527
Total				<u>\$ 1,201,470,985</u>

Investment Category	Level 1	Level 2	Level 3	Total as of December 31, 2019
Cash	\$ 555,204	\$ -	\$ -	\$ 555,204
Equity securities	249,705,848	-	-	249,705,848
Registered investment companies	224,091,005	-	-	224,091,005
Self-directed brokerage accounts	39,433,606	-	-	39,433,606
Subtotal	513,785,663	-	-	513,785,663
<i>Investments measured at NAV*:</i>				
Collective trust funds				616,127,838
Total investments at NAV				616,127,838
Total				<u>\$ 1,129,913,501</u>

* In accordance with U.S. GAAP, certain investments that are measured at NAV per share (or its equivalent) as a practical expedient are not classified in the fair value hierarchy as of December 31, 2020 and 2019. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value presented in the statements of net assets available for benefits.

NOTE 5 – TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter on September 30, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code, including Sections 401(a) and 401(k) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator, having consulted with the Plan's counsel, believes that the Plan remains tax-exempt as of the financial statement date.

RR DONNELLEY SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 and 2019

NOTE 5 – TAX STATUS OF THE PLAN (CONT.)

US GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken. The Plan has not recognized interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the rights of the participants in their account balances will, to the extent not already vested, become 100% vested.

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by the Trustee. Fees paid by the Plan to the Trustee for investment management services are party-in-interest transactions for which there is an exemption from the prohibited transactions rules of ERISA. The Plan reimburses the Company for certain employees' compensation and related benefit costs related to the administration of the Plan and such reimbursements constitute a party-in-interest transaction for which there is an exemption. In addition, notes receivable from participants constitute a party-in-interest transaction for which there is an exemption.

NOTE 8 – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Plan investments and notes receivable from participants as shown in the statements of net assets available for plan benefits as of December 31, 2020 and 2019
- Investment income and interest income on notes receivable from participants as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2020
- Supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

RR DONNELLEY SAVINGS PLAN**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 and 2019****NOTE 9 – RECONCILIATION TO FORM 5500**

The following table reconciles the financial statements to the Plan Form 5500 as filed for the Plan:

	<u>2020</u>	<u>2019</u>
Net Assets Available for Benefits per the financial statements	\$ 1,338,229,950	\$ 1,255,707,951
Contract value to fair value adjustment for fully benefit-responsive investment contracts reported at fair value on Form 5500	5,746,345	2,260,077
Less: Deemed loans distributions	<u>(1,963,202)</u>	<u>(1,446,380)</u>
Net Assets Available for Benefits per the Form 5500	<u>\$ 1,342,013,093</u>	<u>\$ 1,256,521,648</u>

The following is a reconciliation of the net decrease in net assets per the financial statements to the Plan Form 5500 for the year ended December 31, 2020:

Net increase in Net Assets Available for Benefits per the financial statements	\$ 82,521,999
2019 contract value to fair value adjustment	(2,260,077)
2020 contract value to fair value adjustment	5,746,345
Change in deemed loans	<u>(516,822)</u>
Net increase in Net Assets Available for Benefits per the Form 5500	<u>\$ 85,491,445</u>

NOTE 10 – PLAN AMENDMENTS

The Plan is amended from time to time for various matters, including in connection with acquisitions to provide, among other things, eligibility to participate in the Plan, recognition of prior service, and matching and/or profit-sharing contributions for certain (usually collectively bargained) participants.

NOTE 11 – SUBSEQUENT EVENTS

Effective January 1, 2021, the Plan was amended to increase the rate of before tax contributions made on behalf of individuals who are automatically enrolled in the Plan from 3% of eligible compensation to 5% of eligible compensation.

The Plan has evaluated subsequent events through September 15, 2021, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

SUPPLEMENTARY INFORMATION

RR DONNELLEY SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020
(EMPLOYER IDENTIFICATION NUMBER: 36-1004130, PLAN NUMBER: 003)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	INTEREST BEARING CASH			
	United States dollar			\$ 1,127,480
	PREFERRED STOCK			
	NURO SERIES C			58,654
	RAPPI INC SER E			78,506
	RIVIAN AUTO SER E			372,008
	RIVIAN AUTOMOTIVE SERIES D			207,467
	UIPATH INC SER D 1			81,616
	UIPATH INC SER D 2			13,694
	UIPATH SERIES E			2,380
	WAYMO LLC SER A-2			57,102
	TOTAL PREFERRED STOCK			871,427
	COMMON STOCK			
	ADR ALIBABA GRP HLDG LTD			1,313,295
	ADR ASML HLDG NV			1,022,261
	ADR SEA LTD			183,524
	ADR TENCENT HLDGS LTD			1,303,366
	ADVANCED MICRO DEVICES INC			489,915
	AGCO CORP			264,838
	AIR LEASE CORP CL A			1,421,440
	AIR TRANS SVCS GROUP INC			952,736
	ALLY FINL INC			1,213,367
	ALPHABET INC CL A			3,757,660
	ALPHABET INC CL C			1,529,391
	AMAZON COM INC			6,601,797
	ANTHEM INC			309,852
	APARTMENT			124,451
	APARTMENT INCOME REIT CORP			870,755
	APPLE INC			3,136,261
	APTIV PLC			945,645
	ARVINAS INC			246,297
	ASSURANT INC			1,157,870
	ATRICURE INC			640,205
	AURINIA PHARMACEUTICALS INC			507,561
	AVANTOR INC			1,058,440
	AVANTOR INC			515,314
	AVNET INC			891,794
	AXONICS INC			758,784
	BALCHEM CORP			760,452
	BANKUNITED INC			932,104
	BECTON DICKINSON & CO			500,940
	BLACKBAUD INC			754,036
	BLUEPRINT MEDICINES CORP			1,693,465
	BOOKING HLDGS INC			743,908
	BORG WARNER INC			1,348,536
	BOSTON BEER INC CL A			497,145
	BROWN & BROWN INC			1,038,279
	BRP GROUP INC CL A			596,403
	BRUKER CORP			817,363
	BRUNSWICK CORP			1,021,616
	BURLINGTON STORES INC			1,124,665
	CABOT OIL & GAS CORP			527,472
	CACI INTL INC CL A			847,722
	CAESARS ENTMT INC			638,722
	CARLISLE COMPANIES INC			1,405,620
	CARMAX INC			281,774
	CARVANA CO CL A			540,163
	CENTENE CORP			381,551
	CERIDIAN HCM HLDG INC			1,342,656
	CHART INDS INC			541,834
	CHIPOTLE MEXICAN GRILL INC			402,146
	CIGNA CORP			1,488,695
	CIRRUS LOGIC INC			542,520
	COGNEX CORP			794,822
	COLFAX CORP			1,242,800

RR DONNELLEY SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020
(EMPLOYER IDENTIFICATION NUMBER: 36-1004130, PLAN NUMBER: 003)

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	COLUMBIA SPORTSWEAR CO			1,031,084
	COML METALS CO			692,198
	COSTAR GROUP INC			508,354
	CROWN HLDGS INC			951,900
	DANA INC			671,488
	DARDEN RESTAURANTS INC			988,696
	DECIPHERA PHARMACEUTICALS INC			627,770
	DECKERS OUTDOOR CORP			831,662
	DOLLAR GEN CORP			822,273
	DOORDASH INC			67,806
	DRAFTKINGS INC CL A			352,320
	ELASTIC N V			906,006
	ELEMENT SOLUTION INC			726,930
	ESSENT GROUP LTD			812,160
	FACEBOOK INC			3,959,727
	FARFETCH LTD			274,383
	FIDELITY NATL INFORMATION SVCS INC			407,263
	FIRST HORIZON CORPORATION			1,263,240
	FIRSTCASH INC			1,428,816
	FLOWSERVE CORP			541,695
	FORTUNE BRANDS HOME & SEC INC			1,842,980
	FRESHPET INC			525,363
	GARTNER INC			1,105,311
	GLOBAL PMTS INC			2,503,180
	GODADDY INC CL A			1,252,545
	HCA HEALTHCARE INC			742,701
	HEICO CORP NEW CL A			1,123,776
	HELEN TROY LTD			910,979
	HOWARD HUGHES CORP			978,732
	HUBSPOT INC			1,070,388
	HUMANA INC			585,455
	HUNTINGTON			1,252,757
	ICON PLC			890,624
	IDEX CORP			1,593,600
	IMAX CORP			255,884
	IMMUNOGEN INC			828,825
	INCYTE CORP			373,144
	INGERSOLL RAND INC			612,372
	INNOSPEC INC			562,526
	INTERACTIVE			957,164
	INTERPUBLIC GROUP COMPANIES INC			802,032
	INTUIT			1,685,394
	INTUITIVE SURGICAL INC			1,267,237
	ITT INC			1,293,936
	JETBLUE AWYS CORP			511,808
	LANDSTAR SYS INC			1,615,920
	LAZARD LTD CL A			939,060
	LEVI STRAUSS & CO NEW CL A			1,008,016
	LHC GROUP INC			1,386,580
	LIBERTY BROADBAND CORP			559,680
	LIBERTY MEDIA CORPORATION			221,520
	LULULEMON ATHLETICA INC			512,996
	MAGNOLIA OIL & GAS CORP CL A			1,286,332
	MARVELL TECHNOLOGY			347,945
	MATCH GROUP INC			740,377
	MDU RES GROUP INC			1,211,640
	MICROSOFT CORP			5,464,859
	MONGODB INC CL A			435,157
	NATERA INC			716,544
	NETFLIX INC			1,417,794
	NEWMARK GROUP INC CL A			454,167
	NEWS CORP COM CL A			745,755
	NEXTERA ENERGY INC			652,612
	NIKE INC CL B			511,980
	NORFOLK SOUTHN CORP			310,556
	OLIN CORP			839,952
	ONEMAIN HLDGS INC			1,329,216
	PACWEST BANCORP			1,127,760

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	PAYPAL HLDGS INC			1,472,416
	PERFORMANCE FOOD GROUP CO			961,722
	PHREESIA INC			1,731,437
	PLURALSIGHT			899,184
	PNM RES INC			674,567
	POST HLDGS INC			474,747
	PROGYNY INC			1,063,989
	PROOFPOINT INC			1,514,151
	PTC INC			1,279,827
	PTC THERAPEUTICS INC			1,043,613
	REALPAGE INC			1,753,524
	REINSURANCE GROUP AMER INC			811,300
	RENB ENERGY GROUP INC			396,592
	RINGCENTRAL INC CL A			261,868
	ROSS STORES INC			1,177,502
	S&P GLOBAL INC			395,791
	SALESFORCE			1,351,647
	SAREPTA THERAPEUTICS INC			818,352
	SCHNEIDER NATL INC WIS CL B			962,550
	SCHWAB CHARLES CORP			294,160
	SERVICE CORP INTL			1,247,140
	SERVICENOW INC			925,823
	SHOPIFY INC CL A			76,973
	SLACK TECHNOLOGIES			175,761
	SNAP INC			1,742,086
	SOUTH JERSEY INDS INC			506,425
	SPLUNK INC			814,283
	SPOTIFY TECHNOLOGY S A			1,087,465
	STRIPE INC CLASS B			28,085
	STRYKER CORP			1,384,966
	SUMMIT MATLS INC CL A			1,341,344
	SUNNOVA ENERGY INTL INC			618,281
	SYNOPSIS INC			492,297
	TALEND SA			502,254
	TANDEM DIABETES CARE INC			1,167,296
	TENABLE HLDGS INC			815,256
	TERMINIX GLOBAL HLDGS INC			1,224,240
	TOLL BROS INC			882,441
	TRIMBLE INC			1,121,736
	TURNING PT THERAPEUTICS INC			1,218,500
	UIPATH INC CL A			16,874
	UNITEDHEALTH GROUP INC			1,344,858
	US FOODS HLDG CORP			1,052,596
	VERTEX PHARMACEUTICALS INC			756,288
	VISA INC			2,714,439
	VOYA FINL INC			1,211,486
	WENDYS CO			786,928
	WESTN DIGITAL CORP			620,368
	WEX INC			936,238
	WIX.COM LTD			189,220
	WORKIVA INC			705,474
	XP INC			160,783
	TOTAL COMMON STOCK			168,701,549
	COMMON/COLLECTIVE TRUSTS			
*	COLTV SHORT TERM INVT FD			3,911,306
*	NORTHERN TR COLLECTIVE 1-10 YR TIPS INDEX FUND NL TIER 4			6,953,447
*	NORTHERN TR COLLECTIVE LONG TERM GOVT BD INDEX FD - NON-LENDING			50,716,410
*	NORTHERN TRUST COLLECTIVE AGGREGATE BOND INDEX FUND - NON-LENDING - TIER THREE			101,350,745
*	NORTHERN TRUST COLLECTIVE EXTENDED EQTY MKT IDX FD - DC - NON LENDING - TR 3			40,582,391
*	NORTHERN TRUST COLLECTIVE S&P 500 INDEX FUND DC NL TIER FOUR			304,332,431
*	NT COLLECTIVE ALL COUNTRY WORLD EX-US INVESTABLE MARKET INDEX FUND - DC - NONLEN			148,304,705
	SSGA US SHORT TERM GOVERNMENT/CREDIT BOND INDEX NL SERIES CL C			6,864,060
	WELLS FARGO / BLACKROCK SHORT-TERM INVESTMENT FUND S			2,574,577
	WELLS FARGO FIXED INCOME A			37,532,650
	WELLS FARGO FIXED INCOME F			49,008,735

RR DONNELLEY SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020
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	WELLS FARGO FIXED INCOME L			37,477,114
	TOTAL COMMON/COLLECTIVE TRUSTS			789,608,571
	REGISTERED INVESTMENT COMPANIES			
	AMERICAN EUROPACIFIC GRTH-R6			128,185,367
	DODGE & COX STOCK FD OPEN END FD			66,668,393
	DODGE & COX INC FD			58,481,882
	PIMCO FDS INCOME FD INSTL CL			31,539,234
	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL			28,358,896
	RESERVE INVT FDS INC T ROWE PRICE GOVT RESERVE FD			100
	TOTAL REGISTERED INVESTMENT COMPANIES			313,233,872
	OTHER ASSETS			
	SELF-DIRECTED BROKERAGE ACCOUNTS			49,683,705
	CORESITE RLTY CORP			914,544
	CYRUSONE INC			1,067,990
	EMPIRE ST RLTY TR INC CL A			762,376
	LEXINGTON RLTY TR			820,926
	OUTFRONT MEDIA INC			1,013,208
	POTLATCHDELTIC CORPORATION			640,256
	UNITI GROUP INC			733,125
	TOTAL OTHER ASSETS			55,636,130
	* PARTICIPANT LOANS	Interest Rates 4.25%-8.25%		13,472,913
	TOTAL			<u><u>\$ 1,342,651,942</u></u>
*	Party in interest			
**	Cost information omitted as all investments are fully participant directed.			

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	INTEREST BEARING CASH			
	United States dollar		\$	1,127,480
	PREFERRED STOCK			
	NURO SERIES C			58,654
	RAPPI INC SER E			78,506
	RIVIAN AUTO SER E			372,008
	RIVIAN AUTOMOTIVE SERIES D			207,467
	UIPATH INC SER D 1			81,616
	UIPATH INC SER D 2			13,694
	UIPATH SERIES E			2,380
	WAYMO LLC SER A-2			57,102
	TOTAL PREFERRED STOCK			871,427
	COMMON STOCK			
	ADR ALIBABA GRP HLDG LTD			1,313,295
	ADR ASML HLDG NV			1,022,261
	ADR SEA LTD			183,524
	ADR TENCENT HLDGS LTD			1,303,366
	ADVANCED MICRO DEVICES INC			489,915
	AGCO CORP			264,838
	AIR LEASE CORP CL A			1,421,440
	AIR TRANS SVCS GROUP INC			952,736
	ALLY FINL INC			1,213,367
	ALPHABET INC CL A			3,757,660
	ALPHABET INC CL C			1,529,391
	AMAZON COM INC			6,601,797
	ANTHEM INC			309,852
	APARTMENT			124,451
	APARTMENT INCOME REIT CORP			870,755
	APPLE INC			3,136,261
	APTIV PLC			945,645
	ARVINAS INC			246,297
	ASSURANT INC			1,157,870
	ATRICURE INC			640,205
	AURINIA PHARMACEUTICALS INC			507,561
	AVANTOR INC			1,058,440
	AVANTOR INC			515,314
	AVNET INC			891,794
	AXONICS INC			758,784
	BALCHEM CORP			760,452
	BANKUNITED INC			932,104
	BECTON DICKINSON & CO			500,940
	BLACKBAUD INC			754,036
	BLUEPRINT MEDICINES CORP			1,693,465
	BOOKING HLDGS INC			743,908
	BORG WARNER INC			1,348,536
	BOSTON BEER INC CL A			497,145
	BROWN & BROWN INC			1,038,279
	BRP GROUP INC CL A			596,403
	BRUKER CORP			817,363
	BRUNSWICK CORP			1,021,616
	BURLINGTON STORES INC			1,124,665
	CABOT OIL & GAS CORP			527,472
	CACI INTL INC CL A			847,722
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	COSTAR GROUP INC			508,354
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	DANA INC			671,488
	DARDEN RESTAURANTS INC			988,696
	DECIPHERA PHARMACEUTICALS INC			627,770
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	DOORDASH INC			67,806
	DRAFTKINGS INC CL A			352,320
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	ELEMENT SOLUTION INC			726,930
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	PERFORMANCE FOOD GROUP CO			961,722
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	WEX INC			936,238
	WIX.COM LTD			189,220
	WORKIVA INC			705,474
	XP INC			160,783
	TOTAL COMMON STOCK			168,701,549
	COMMON/COLLECTIVE TRUSTS			
*	COLTV SHORT TERM INVT FD			3,911,306
*	NORTHERN TR COLLECTIVE 1-10 YR TIPS INDEX FUND NL TIER 4			6,953,447
*	NORTHERN TR COLLECTIVE LONG TERM GOVT BD INDEX FD - NON-LENDING			50,716,410
*	NORTHERN TRUST COLLECTIVE AGGREGATE BOND INDEX FUND - NON-LENDING - TIER THREE			101,350,745
*	NORTHERN TRUST COLLECTIVE EXTENDED EQTY MKT IDX FD - DC - NON LENDING - TR 3			40,582,391
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	TOTAL COMMON/COLLECTIVE TRUSTS			789,608,571
	REGISTERED INVESTMENT COMPANIES			
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	DODGE & COX INC FD			58,481,882
	PIMCO FDS INCOME FD INSTL CL			31,539,234
	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL			28,358,896
	RESERVE INVT FDS INC T ROWE PRICE GOVT RESERVE FD			100
	TOTAL REGISTERED INVESTMENT COMPANIES			313,233,872
	OTHER ASSETS			
	SELF-DIRECTED BROKERAGE ACCOUNTS			49,683,705
	CORESITE RLTY CORP			914,544
	CYRUSONE INC			1,067,990
	EMPIRE ST RLTY TR INC CL A			762,376
	LEXINGTON RLTY TR			820,926
	OUTFRONT MEDIA INC			1,013,208
	POTLATCHDELTIC CORPORATION			640,256
	UNITI GROUP INC			733,125
	TOTAL OTHER ASSETS			55,636,130
	* PARTICIPANT LOANS	Interest Rates 4.25%-8.25%		13,472,913
	TOTAL			\$ 1,342,651,942
*	Party in interest			
**	Cost information omitted as all investments are fully participant directed.			