Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form 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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.											
Pa	art I	Annual Report	Ide	ntification Information				•				
For	calendar	plan year 2010 or fis	scal	plan year beginning 01/01/201	0	and ending 1	2/31/	2010				
Α.	This retur	rn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan			
		rn/report is for:	П	first return/report	final return/report							
			Ħ	an amended return/report	short plar	year return/report (less than 12 mor	nths)					
С	Check bo	ox if filing under:	П	Form 5558	automatic	extension		DFVC progra	ım			
		gg	Ħ	special extension (enter description	on)							
Pa	rt II	Basic Plan Info	rm	ation—enter all requested inform								
	Name of			ation cheran requested inform	ation		1b	Three-digit				
			ICU [.]	Γ, INC. 401(K) PROFIT SHARING	PLAN			plan number	001			
								(PN) ▶	001			
							1c	Effective date o	•			
22	Plan eno	neor's name and ad	dros	s (employer, if for single-employer	nlan)		2h	Employer Identi				
		EAU OF CONNECT			piari)		1	(EIN) 06-086				
000.0	2010/0411	LDOAD					2c Plan sponsor's telephone nur					
	SAW MILI T HAVEN	N, CT 06516					24	Business code (
							24	522298				
3a	Plan adn	ministrator's name ar	nd a	ddress (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's				
CKE	DII BUKI	EAU OF CONNECT	ico	T, INC. 600 SAW MI WEST HAVE		16	30	3c Administrator's telephone number				
							30	203-93	1-2000			
			•	sponsor has changed since the la		port filed for this plan, enter the	4b EIN					
ı	name, Ell	N, and the plan num	ber	from the last return/report. Sponso	or's name		4 c	PN				
5a	Total nu	mber of participants	at t	ne beginning of the plan year			5a		62			
b		·		. ,			5b		60			
C Total number of participants with account balances as of the end of						:	0.0					
	complet	te this item)					5c		56			
_		•		0 , ,		(See instructions.)			Yes No			
b						ndent qualified public accountant (IQFions.)			X Yes No			
			•	• •		SF and must instead use Form 550						
Pa	rt III	Financial Inform	mat	ion	_							
7	Plan Ass	sets and Liabilities				(a) Beginning of Year		(b) End	of Year			
а	Total pla	an assets			. 7a	4776070)		5425217			
b	Total pla	an liabilities			. 7b							
С	Net plan	assets (subtract line	e 7b	from line 7a)	. 7с	4776070)		5425217			
8		Expenses, and Trar				(a) Amount		(b) 1	Total			
а		utions received or recolovers		able from:	. 8a(1)	22274						
					1	159691						
	` '	•				C)					
b	Other income (loss)				585291							
С	Total inc	come (add lines 8a(1), 8	a(2), 8a(3), and 8b)	. 8c				767256			
d				llovers and insurance premiums	. 8d	106043	3					
е	•	Certain deemed and/or corrective distributions (see instructions) 8e)						
f				(salaries, fees, commissions)		C)					
g				,		12066	5					
h	Total ex	penses (add lines 8	d, 8e	e, 8f, and 8g)					118109			
i				Bh from line 8c)					649147			
j	Transfer	rs to (from) the plan	(see	instructions)	. 8j							

	F	Form 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cr 2F 2G 2J 2K 2T 3D	aracteri	stic Co	des in	the instru	ictions	3:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Co	des in t	the instru	ctions	:	
art	: V	Compliance Questions							
0	Durii	ng the plan year:		Yes	No		Am	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					500000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau ishonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					51959
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c	•			•	. [Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?.		Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins							
lf ·		ting the waiver			Day		Yea	ır	
_		r the minimum required contribution for this plan year		Γ	12b				
		r the amount contributed by the employer to the plan for this plan year		T T	12c				
_		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l		-					
_		ative amount)		L	12d	<u> </u>			
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Ye	es." enter the amount of any plan assets that reverted to the employer this year			13a				

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

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Yes No

13c(3) PN(s)

13c(2) EIN(s)

SIGN	Filed with authorized/valid electronic signature.	07/20/2011	WILLIAM STAPLINS					
HERE	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					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information	- 14 - 14			20/21/2010			
For	calendar plan year 2010 or fiscal plan year beginning 0	1/01/2	010 and ending		12/31/2010			
Δ.	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)	[one-participant plan			
-	This return/report is for: first return/report final return/report							
D			year return/report (less than 12 mor	the\				
	☐ an amended return/report ☐	-		11113) F	7			
C	Check box if filing under: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	automatic	extension	L	DFVC program			
	special extension (enter description	en)						
Pa	art II Basic Plan Information—enter all requested information	ation						
1a	Name of plan			1b '	Three-digit			
	CREDIT BUREAU OF CONNECTICUT, INC. 401(K) PROF	IT	'	plan number			
	SHARING PLAN				(PN) ▶ 001			
					Effective date of plan			
_					01/01/1976			
Za	Plan sponsor's name and address (employer, if for single-employer CREDIT BUREAU OF CONNECTICUT, INC.	plan)			Employer Identification Number (EIN) 06-0867686			
	·				Plan sponsor's telephone number			
	600 SAW MILL ROAD			(203) 931-2000				
	000 SAW MILL ROAD			2d	Business code (see instructions)			
	WEST_HAVEN		CT 06516		522298			
3a	Plan administrator's name and address (if same as Plan sponsor, e SAME	nter "Same	≘")	3b /	Administrator's EIN			
	Onne			2- 41 :::				
				36 /	Administrator's telephone number			
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso		•					
				4c	PN			
5a	Total number of participants at the beginning of the plan year	••••••	••••••					
b	Total number of participants at the end of the plan year			5b	60			
C	The state of the s	f the plan y	ear (defined benefit plans do not					
	complete this item)	************		<u>5c</u>	5			
6a		le assets?	(See instructions.)		X Yes No			
þ	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public accountant (IC	PA)	X Yes ∏ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fe				<u>N</u> res [] No			
Pa	art III Financial Information	<u> </u>	or and must mistead use i omi 50		······			
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End of Year			
а	Total plan assets	7a	4,776,07		5,425,21			
	Total plan liabilities	7b	.,,	1	3,423,21			
	Net plan assets (subtract line 7b from line 7a)		4 776 07	_	E 40E 01:			
8	-	7c	4,776,07	4—	5,425,21			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
•	(1) Employers	8a(1)	22,27	4				
	(2) Participants	8a(2)	159,69	⊣ .				
	(3) Others (including rollovers)		133,03	7				
b		8b	585,29	귀				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		383,29	╬	262.05			
d	Benefits paid (including direct rollovers and insurance premiums	8c		+	767,256			
•	to provide benefits)	8d	106,04	3				
е				ol				
f	Administrative service providers (salaries, fees, commissions)			ิ				
g	Other expenses		12,06	<u> </u>				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		12,00	1	110 100			
i					118,109			
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)			+-	649,14			
J	Transiers to (from) the plan (see alsuuctions)	8j		1				

		Form 5500-SF 2010 Page 2-						
Раг	+ IV	Plan Characteristics			_			
9a	If th	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 2T 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac						
Part	V	Compliance Questions						
10		ring the plan year:		Yes	No		Amou	ınt
а	2	is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х			
С	٧	as the plan covered by a fidelity bond?	10c	х				500,000
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х			
е	in	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		x			
f	На	s the plan failed to provide any benefit when due under the plan?	10f		х			
g	Di	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				51,959
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		x			
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	: VI	Pension Funding Compliance						
11	ls 55	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 20))	plete	Sched	lule SE	(Form	П	Yes X No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code]	Yes X No
а	lf a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions,	, and e	enter th	e date of	the lett	er ruling
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	··· —				i Çai	
b	Er	er the minimum required contribution for this plan year		[12b			
		er the amount contributed by the employer to the plan for this plan year		[12c			
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							•
		I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∏ No	o N/A
Part	VI	Plan Terminations and Transfers of Assets		_				
13a	Ha	s a resolution to terminate the plan been adopted during the plan year or any prior year?		····- <u>-</u>				Yes X No
		Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							Yes X No
	C 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.)							
•	13c(I) Name of plan(s):		13	c(2) EI	N(s)	1	3c(3) PN(s)
							\perp	
			1				ı	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Willin Stanlin		WILLIAM STAPLINS						
HERE	Signature of plan administrator	Date 7/19/2011	Enter name of individual signing as plan administrator						
SIGN	Willi Staplin		WILLIAM STAPLINS						
HERE	Signature of employer/plan/sponsor	Date 7/19/2011	Enter name of individual signing as employer or plan sponsor						