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).

2040

2010

OMB Nos. 1210-0110

1210-0089

Internal Revenue Code (the Code).

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

P	art I Annual Report Identification Information				
	calendar plan year 2010 or fiscal plan year beginning 09/01/2010)	and ending	08/31/2	2011
	X -:		-		
	This return/report is for.	•	mployer plan (not multiemployer)		one-participant plan
В		final retur	·	ntha)	
_		·	year return/report (less than 12 mo	nuis)	
C	Check box if filing under: Form 5558		extension		DFVC program
	special extension (enter description	,			
	art II Basic Plan Information—enter all requested information	ation			
	Name of plan			1b	Three-digit
BRO	DY PRINTING CO., INC. EMPLOYEES PROFIT SHARING PLAN				plan number (PN) ▶ 001
				10	Effective date of plan
					08/18/1978
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
BRO	DY PRINTING CO., INC.				(EIN) 06-0869458
265 (CENTRAL AVE			2C	Plan sponsor's telephone number 203-384-9313
BRID	DGEPORT, CT 06607-2410			2d	Business code (see instructions)
					323100
	Plan administrator's name and address (if same as Plan sponsor, er DY PRINTING CO., INC. 265 CENTRA		")	3b	Administrator's EIN 06-0869458
DICO	BRIDGEPOR		07-2410	30	Administrator's telephone number
				30	203-384-9313
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	31
b				5b	27
С	Total number of participants with account balances as of the end of	the plan y	ear (defined benefit plans do not		
	complete this item)			5c	25
	Were all of the plan's assets during the plan year invested in eligible		·		Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	art III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
-	Total plan assets	7a	144645	7	1205339
b	- · · · · · · · · · · · · · · · · · · ·	7b		0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	144645	7	1205339
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а			• •	0	. ,
	(1) Employers	8a(1)			
	(2) Participants	. 8a(2)	37929		
	(3) Others (including rollovers)	8a(3)		0	
b	Other income (loss)	8b	22863	9	000000
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			266568
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	499590	6	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	
f	Administrative service providers (salaries, fees, commissions)	. 8f		0	
g	Other expenses	. 8g	809	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			507686
i	Net income (loss) (subtract line 8h from line 8c)	8i			-241118

Fo	orm 5500-SF 2010	Page 2-
Part IV	Plan Characteristics	

9a	If the plan provides pension benefits	s, enter the applicable pension feature	e codes from the List of Plan	Characteristic Codes in the instruc	ctions
	2F 2G 2.L 3D				

Part	٧	Compliance Questions									
10		ing the plan year:				Yes	No		Amount		_
а	Was	s there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)			10b		X				
С	Wa	as the plan covered by a fidelity bond?			10c	X				500)0(
d		the plan have a loss, whether or not reimbursed by the plan's fidelit lishonesty?			10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other pe urance service or other organization that provides some or all of the ructions.)	plan? (See	10e	X				119	306	
f	Has	Has the plan failed to provide any benefit when due under the plan?					X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g	Χ				603	317
h		is is an individual account plan, was there a blackout period? (See i 0.101-3.)			10h		X				
i		Oh was answered "Yes," check the box if you either provided the req eptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part	VI	Pension Funding Compliance					•				
11	Is th	is a defined benefit plan subject to minimum funding requirements?	•					•	☐ Yes	П	No
12		,,							Yes	X	No
-	in the distinct comments of the management and any order of the control of the co										
а		(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling									
<u> </u>		nting the waiver.									_
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.		_					
b	Ente	er the minimum required contribution for this plan year					12b				
С	Ente	er the amount contributed by the employer to the plan for this plan ye	ear				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 negative amount)									
е	Will	the minimum funding amount reported on line 12d be met by the fur	nding deadline?					Yes	No	N	/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior year	?		<u>.</u>			Yes	X	No
	If "Y	es," enter the amount of any plan assets that reverted to the employ	yer this year				13a				
b	Wer	re all the plan assets distributed to participants or beneficiaries, transne PBGC?	sferred to another	plan, or brought u			ontrol		Yes	X	No
С		uring this plan year, any assets or liabilities were transferred from thi ch assets or liabilities were transferred. (See instructions.)	is plan to another p	olan(s), identify th	e pla	n(s) to	1		_		
1	3c(1)) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report w	vill be assessed u	nless reasonabl	e cau	se is	establ	ished.			_
Unde SB o	r per r Sch	nalties of perjury and other penalties set forth in the instructions, I de ledule MB completed and signed by an enrolled actuary, as well as t	eclare that I have e	xamined this retu	ırn/rep	ort, ir	cludin	g, if applical			,
belief		true, correct, and complete. iled with authorized/valid electronic signature. 10	N/25/2044 II	(ADENICOLLET	-						
	N	neu with authorizeu/vallu electronic signature.)/25/2011 P	KAREN COLLET	I .						

SIGN	Filed with authorized/valid electronic signature.	10/25/2011	KAREN COLLETT
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

Department of the Treasury Internal Revenue Service

No. 3697__ Fort. 25. 2011F 2:37PMhort Form Annual Return/Report of Small Employee

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (FRISA) and section 6058(a) of the

OMB Nos. 1210-0110 1210-0089

2010

	ree Benefits Security Administration on Benefit Guaranty Concerntion			ode (the Code).		This Form Is Open to Public Inspection		
		Complete all entries in accorda	nce with	the instructions to the Form 5500	\$F.			
Part For cal	endar plan year 2010 or fisca	lentification Information	9/01/20	010 and ending		8/31/2011		
	I.	7				7	4 -1	
_	return, eport is tot.	- H.		ployer plan (not multiemployer)		one-participar	nt plan	
B Thi	s return/report is for:	= = = = = = = = = = = = = = = = = = = =	inal return/					
		an amended return/report	hort plan y	rear return/report (less than 12 mon	ths)			
C Ch	eck box if filing under.	Form 5558	utomatic e	extension	{	DFVC program	m	
		special extension (enter description)					
Part	II Basic Plan Inform	mation—enter all requested informat	ion					
	ame of plan					Three-digit		
B	RODY PRINTING CO.	, INC. EMPLOYEES PROFIT	SHARI	ING PLAN		plan number	001	
				}		(PN) Effective date of		
					10	08/18/197	•	
2a P	an sponsor's name and addi	ress (employer, if for single-employer p	lan)		2b	Employer Identif		
В	RODY PRINTING CO.	, inc.	,			(EIN) 06-086		
2	65 CENTRAL AVE				2c	the state of the s	elephone number	
-	V5 CERTIFICAD AVE				24	203-384-9		
B	RIDGEPORT	CT 06607-2410			20	323100	see instructions)	
3a P	lan administrator's name and	address (if same as Plan sponsor, en	ter "Same"	7)	3b	Administrator's	EIN	
Ę	RODY PRINTING CO.	, INC.			_	06-086945		
	65 CENTRAL AVE	CT 06607-2410	,		3c		telephone number	
_		an sponsor has changed since the last		and filed for this plan, enter the	4b	203-384-9	313	
		er from the last return/report. Sponsor		or the tor this plan, effect the	40	CIN		
					4c	PN		
5a 1	otal number of participants a	at the beginning of the plan year			5a		31	
b 7	otal number of participants a	at the end of the plan year			5b		27	
		with account balances as of the end of			_		25	
					5c			
		during the plan year invested in eligible					X Yes No	
		the annual examination and report of a (See instructions on waiver eligibility a					X Yes No	
		ther 6a or 6b, the plan cannot use Fo						
Par	t III Financial Inform	nation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
a	Total plan assets		_7a	144645	7		1205339	
b '	Total plan liabilities		7b		0		0	
C	Net plan assets (subtract line	7b from line 7a)	7c	144645	7		1205339	
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b)	Total	
	Contributions received or rec							
			8a(1)		0			
				3792	-			
		rs)	8a(3)		0			
			86	22863	39			
), 8a(2), 8a(3), and 8b)	8c		+		266568	
		t rollovers and insurance premiums	8d	49959	25			
		ective distributions (see instructions)	,	-2333:	0			
_		ders (salaries, fees, commissions)	8e 8f		0			
				80:	-			
		4 On Of and Oal		50.	+		507686	
		d, 8e, 8f, and 8g)			+			
		ine 8h from line 8c)			-		-241118	
3	transiers to (trom) the plan	(see instructions)	- Si		1			

Part IV Plan Characteristics

Page	2-	
raye	-	

9a		2G 2J 3D	odes irom the List of Plan Char	actens	ac Co	ges in tr	ne instrucți	ons:				
b	If the p	plan provides welfare benefits, enter the applicable welfare feature co	des from the List of Plan Chara	ecterist	ic Coo	les in th	e instructio	กร:				
Part	V	Compliance Questions										
10	_	g the plan year:			Yes	No	-	mount				
a	Was	there a failure to transmit to the plan any participant contributions with FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co		10a		х						
b		there any nonexempt transactions with any party-in-interest? (Do not le 10a.)	10b		х							
C	Was	Was the plan covered by a fidelity bond?						50	00000			
d	Did the	he plan have a loss, whether or not reimbursed by the plan's fidelity b shonesty?	ond, that was caused by fraud	10d		X						
е	insur	e any fees or commissions paid to any brokers, agents, or other perso ance service or other organization that provides some or all of the be actions.)	nefits under the plan? (See	10e	Х				11908			
f	Has	the plan failed to provide any benefit when due under the plan?		10f		x						
9	Did t	he plan have any participant loans? (If "Yes," enter amount as of year	end.)	10g	x			-	60317			
h		s is an individual account plan, was there a blackout period? (See inst		10h		х						
i		h was answered "Yes," check the box if you either provided the requireptions to providing the notice applied under 29 CFR 2520.101-3		107								
Part	VI	Pension Funding Compliance										
11		is a defined benefit plan subject to minimum funding requirements? (II						Yes	No			
12		is a defined contribution plan subject to the minimum funding require		-				Yes	X No			
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a v	waiver of the minimum funding standard for a prior year is being amor	tized in this plan year, see instr	uctions onth _	s, and	enter the Day	e date of the	ne letter rui Year	ling			
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and skip to line 1:	3.	r							
b	Ente	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		tract the amount in line 12c from the amount in line 12b. Enter the res ative amount)	9			12d						
e	: Will	the minimum funding amount reported on line 12d be met by the fund	ling deadline?	*********			Yes	No	N/A			
Par	t VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan year	or any prior year?					Yes	X No			
		es," enter the amount of any plan assets that reverted to the employe				13a						
b	We	re all the plan assets distributed to participants or beneficiaries, transf he PBGC?	erred to another plan, or broug	nt unde	er the	control		Yes	No 🔯			
-		uring this plan year, any assets or liabilities were transferred from this ch assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identif	y the p	lan(s)	to						
-	13¢(1	Name of plan(s):		+	13c(2) EIN(s) 13c(3) PN			PN(5)				
				-								
-					_				-			
Ca	ution:	A penalty for the late or incomplete filing of this return/report wi	Il be assessed unless reason	able c	ause i	is estab	lished.					
Un	der pe	nalties of perjury and other penalties set forth in the instructions, I dec nedule MB completed and signed by an enrolled actuary, as well as the strue, correct, and complete.	lare that I have examined this	eturn/	report,	includir	ng, if applic	able, a Sch knowledge	hedule è and			
-	CNI	Com Stallite	olzsiii Karen Con	LLETT								
	GN			of india.	idual	ionina	as nian adn	ninistrator	-			
-	-		, , ,			equility a	23 plati dui	MUDURIOR				
	GN	- Control of the cont	10/23/11	-	_							
H	HERE Signature of employer/plan sponsor Date Enter name of						Enter name of individual signing as employer or plan sponsor					