## 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**

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

	Complete all entries in accord	uance with	i the manuchons to the Form 3300	<del>-31 .</del>	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 09/01/2011	1	and ending 08	3/31/2	012
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		-	_
Pa	art II Basic Plan Information—enter all requested informa	ation			
	Name of plan			1b	Three-digit
	DY PRINTING CO., INC. EMPLOYEES PROFIT SHARING PLAN				plan number
			_		(PN) ▶ 001
				1c	Effective date of plan
22	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single employer plan)	2h	08/18/1978
	DDY PRINTING CO., INC.	ilipioyei, ii	Tor a single-employer plan		Employer Identification Number (EIN) 06-0869458
					Sponsor's telephone number
265 (	CENTRAL AVE				203-384-9313
	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		e")	3b	Administrator's EIN 06-0869458
DITO	BRIDGEPOR'		07-2410	3c	Administrator's telephone number
					203-384-9313
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN
а	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year			<del>-тс</del> 5а	27
b			-		25
C			<del> </del>	5b	20
C	complete this item)			5c	23
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				V □ N-
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Yes No
Pa	art III Financial Information	JIIII 3300-	or and must mistead use Form 550		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	1205339		1165248
b	Total plan liabilities		0		0
С			1205339		1165248
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а			, ,		
	(1) Employers	8a(1)	0	_	
	(2) Participants	8a(2)	38041	_	
	(3) Others (including rollovers)	8a(3)	0	_	
b			82433		100474
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			120474
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	155502		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0		
f	Administrative service providers (salaries, fees, commissions)	8f	0		
g	Other expenses	. 8g	5063		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			160565
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-40091
j	Transfers to (from) the plan (see instructions)	8j			

Form	5500.	SF.	201

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Part IV	Plan	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 3D
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		Aiii	Juni	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				5	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X					9288
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ				1	06422
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
İ	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					 П	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(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 instrugranting the waiver.  Mor	ıth						
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	40h				
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will 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							
I3a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plai	n(s) to				•	_
1	3c(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estab	lished.	ı		
Jnde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	ort, in	cludir	ng, if appl	,		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	01/30/2013	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

## 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 Småll 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt   Annual Report Identification Information	09/01/20	11	and ending		08/31/201	2
Ат	his return/report is for X a single-employer plan	a multiple-e	mplover plan	not multiemployer)		a one-partic	ipant plan
	his return/report is: the first return/report	the final retu	, , ,	, ret manuempreyer,		_ d one partie	part plan
0	an amended return/report			port (less than 12 m	onths)		
0		H		port (less than 12 m	OHUIS)		
C	Check box if filing under: Form 5558	automatic e	xtension			DFVC progr	ram
	special extension (enter descrip						
	rt II Basic Plan Information—enter all requested information	rmation					
	Name of plan DDY PRINTING CO., INC. EMPLOYEES PROFIT	r sharing	PLAN		1b	Three-digit plan number (PN)	001
						Effective date 08/18/197	
	Plan sponsor's name and address, include room or suite number DDY PRINTING CO., INC.	(employer, if fo	r a single-emp	ployer plan)			tification Number
265	CENTRAL AVE				2c	Sponsor's tele 203-384-9	
BR:	IDGEPORT CT 06607-2410			, ,	2d	Business code	(see instructions)
3a BR	Plan administrator's name and address (if same as plan sponsor, DDY PRINTING CO., INC.	, enter "Same")			3b	Administrator's	
	5 CENTRAL AVE IDGEPORT CT 06607-2410				3c	Administrator's	s telephone number
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	e last return/re	port filed for th	is plan, enter the	4b	EIN	
а	Sponsor's name				4c	PN	
5a	Total number of participants at the beginning of the plan year				5a		27
b	Total number of participants at the end of the plan year				5b		25
С	Number of participants with account balances as of the end of the complete this item)			olans do not	5c		23
b	Were all of the plan's assets during the plan year invested in eligance and claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either 6a or 6b, the plan cannot user III Financial Information	of an independently and condition	ent qualified p	ublic accountant (IC			X Yes No
7	Plan Assets and Liabilities		(a) Beg	ginning of Year		(b) En	d of Year
a	Total plan assets	7a		12053	39		1165248
b	Total plan liabilities	7b			0		0
C	Net plan assets (subtract line 7b from line 7a)	7c		12053	39		1165248
8	Income, Expenses, and Transfers for this Plan Year		(a	Amount		(b)	Total
a	Contributions received or receivable from  (1) Employers	8a(1)			0		
	(2) Participants	8a(2)		380	41		
	(3) Others (including rollovers)	8a(3)		,	0		
b	Other income (loss)	8b		824	33		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					120474
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			1555	02		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0		
g	Other expenses			50	63		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						160565
i	Net income (loss) (subtract line 8h from line 8c)	8i			and the same of th		-40093
j	Transfers to (from) the plan (see instructions)	-					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

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Pa	0	1	-

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Part IV	Plan	Characteristics	S
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions					
10	During the plan year:		Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period desc 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)			Х		
C	Was the plan covered by a fidelity bond?	10c	X			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	y fraud		X		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance car insurance service or other organization that provides some or all of the benefits under the plan? (instructions.)	See	Х			928
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X			10642
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					
Part	VI Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions 5500))				3 (Form	Yes No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of				ERISA?	Yes X No
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s					
If w	granting the waiver. Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to			Day		rear
	Enter the minimum required contribution for this plan year.			12b		
	Enter the amount contributed by the employer to the plan for this plan year.			12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	o the left of a		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_		- Income	- Louisian de la company	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or of the PBGC?			ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify the pla	an(s) to	0		Cont Cont
1	3c(1) Name of plan(s):		13	3c(2) E	IN(s)	13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless	easonable ca	use is	estab	lished.	
Unde SB or	r penalties of perjury and other penalties set forth in the instructions. I declare that I have examine schedule MB completed and signed by an enrolled actuary, as well as the electronic version of the correct, and complete.	d this return/re	eport, i	ncludir	ng, if applica	able, a Schedule knowledge and
SIGI	New York	COLLETT				
HER	E Signature of plan administrator, Date Enter	name of individ	dual sig	gning a	as plan adm	inistrator
SIG	N ACOUNTY TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	COLLETT				
HER	Signature of employer/plan sponsor Date Enter	name of individ	dual sig	gning a	as employer	or plan sponsor