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 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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Ide	entification Informat	tion					
For calend	ar plan year 2012 or fiscal	l plan year beginning 0	06/01/2012		and ending	03/31/	2013	
A This re	turn/report is for:	a single-employer plan	a mu	tiple-employer p	lan (not multiemployer)		a one-partici	oant plan
B This re	turn/report is:	the first return/report	X the fir	nal return/report			_	
		an amended return/repor	rt X a sho	t plan year retur	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	autor	natic extension			DFVC progra	am
		special extension (enter	description)					
Part II	Basic Plan Inform	nation—enter all requeste	ed information					
1a Name		•				1b	Three-digit	
CENTURY (COLOR LABORATORIES,	, INC. 401(K) PLAN					plan number	000
						10	(PN) FEffective date of	002
						'	09/01	•
	ponsor's name and addre	ess; include room or suite n	number (employ	er, if for a single	-employer plan)	2b	Employer Identi	
OLIVIORT	OOLON EABORATORIEO	, 1140.				20	(=114)	48136
494 SCHOO	N STREET					2C	Sponsor's telep	
	FORD, CT 06108-1194					2d	Business code	(see instructions)
							33990	00
3a Plan a	dministrator's name and a	address XSame as Plan S	Sponsor Name	Same as Plai	n Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
								•
4 If the	name and/or FIN of the ni	an sponsor has changed s	ince the last ret	urn/report filed f	or this plan, enter the	4h	EIN	
		er from the last return/repo		am/report mean	or this plant, enter the	40	CIIN	
a Spons	or's name					4c	PN	
5a Total	number of participants at t	the beginning of the plan y	ear			5a		21
		the end of the plan year				5b		0
		count balances as of the er		,	•	5c		0
6a Were	all of the plan's assets du	uring the plan year invested	d in eligible ass	ets? (See instruc	ctions.)			X Yes No
		e annual examination and						X Yes No
	,	See instructions on waiver or line 6a or line 6b, the p	•					X Yes No
		incomplete filing of this r						
		penalties set forth in the ir						able, a Schedule
SB or Sche		signed by an enrolled actua						
		id alastus ela elamento es		4/04/0040	CAROL REPOSITOR			
SIGN HERE	Filed with authorized/vali			4/24/2013	CAROL DEBOGHOS			
	Signature of plan adm			ate	Enter name of individ		gning as plan adr	ninistrator
SIGN HERE	Filed with authorized/vali			4/24/2013	CAROL DEBOGHOS			
	Signature of employer	r/plan sponsor ne, if applicable) and addre		ate n or suite numbe	Enter name of individ			er or plan sponsor number (optional)
1 Topalei S	name (molading illin flatif	o, ii applicabie) aliu addie	oo, molade 1001	ii oi suite mumbe	(optional)	1 16	Jaioi 3 tolephone	namber (optional)

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Part IV Plan Characteristics 2	Dor	t III Financial Information		<u> </u>							
a Total plan sasets		•		(a) Paginning of Var				(b) Er	d of V		
b Total plan liabilities. 7b (o) C Net plan assets (subtract line 7b Iron line 7a). 7c (018155 0) C Net plan assets (subtract line 7b Iron line 7a). 7c (018155 0) S Income, Expense, and Transfers for this Plan Near (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 0 C Participants. 8a(2) 18944 (3) Others (including rollovers). 8a(0) 0 D Other income (lose). 8a(0) 0 D Other income lose). 8a(0) 0 D Other income			70								
C Net plan assets (subtract line 7 from line 7a)		·		01013							
8 Contributions received or receivable from: (b) Employers (c) Participants. (e) Par				61815							
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) B B B B B B C T T T T T T T T T T T T T			70				/b) Tat-1				
(1) Employers				(a) Amount				(D)	TOLAI		
(3) Others (including rollovers)			8a(1)		0						
b Other income (loss)		(2) Participants	8a(2)	1694	14						
C Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b	8572	23						
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	02667	
f Administrative service providers (salaries, fees, commissions)			8d	71094	.9						
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 720822 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 720822 i Net income (loss) (subtract line 8h from line 8c) 8i -618155 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D b V Compliance Questions Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 2 2 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X c Was the plan covered by a fidelity bond? 10c X 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 e 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 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X f Has the plan failed to provide any benefit when due under the plan? 10g X f 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 2s CFR 2520.101-3. 10h X f 10h was answered "Yes,"	е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
n Total expenses (add lines 8d. 8e, 8l, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	987	'3						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Part IV Plan Characteristics Plan Pl	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							720822	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2F 2G 2J 2T 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: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud of dishonesty? e 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). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-(618155	
9a	j	Transfers to (from) the plan (see instructions)	8j		0						
Description	Par	t IV Plan Characteristics									
Part V Compliance Questions Yes No Amount	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:	
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:		
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	Part	V Compliance Questions									
a 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		-				Yes	No		Amo	ount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu			10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			100	Χ					C101E
e 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.)					100						01013
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		or dishonesty?			10d		X				
f Has the plan failed to provide any benefit when due under the plan?	C	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f				10f		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		<u> </u>					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		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	Ū						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Dort		1-5		101						
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
(If "Yes," complete line 12a or lines 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, see instructions, and enter the date of the letter ruling granting the waiver	11a								[_		
a 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?	[Yes	X No
a 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		, and e	_	ne date d			ng
b Enter the minimum required contribution for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
	b	Enter the minimum required contribution for this plan year					12b				

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			ı	-			
С	Enter 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 (enegative amount)	S .	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding of	deadline?			⁄es	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?		. X	Yes	No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this	s year	. 13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					X Yes	i No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan(s)	to				
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(3	8) PN(s)
Part	VIII Trust Information (optional)						
	Name of trust		14b	Trust's	EIN		

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CENTURY COLOR LABORATORIES, INC. 40

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 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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information 03/31/2013 06/01/2012 and ending For calendar plan year 2012 or fiscal plan year beginning a multiple-employer plan (not multiemployer) a one-participant plan a single-employer plan A This return/report is for: the final return/report B This return/report is: the first return/report a short plan year return/report (less than 12 months) an amended return/report Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1b Three-digit Name of plan plan number 002 CENTURY COLOR LABORATORIES, INC. 401 (K) PLAN (PN) ▶ 1c Effective date of plan 09/01/1992 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CENTURY COLOR LABORATORIES, INC. (EIN) 06-0848136 2c Sponsor's telephone number (860) 289-9501 494 SCHOOL STREET 2d Business code (see instructions) 339900 EAST HARTFORD CT 06108-1194 3a Plan administrator's name and address 🗓 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 21 5a 5a Total number of participants at the beginning of the plan year 5b 0 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item) X Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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. 4123113 CAROL DERBOGHOSIAN SIGN Enter name of individual signing as plan administrator HERE Date Signature of plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

D	t III Einancial Information								
Par		4	(a) Beginning of Year		T		(b) End of	Year	
	Plan Assets and Liabilities	7a	618,15		(b) Elia of Tour				0
	Total plan assets	7b	010,10	0					0
	Net plan assets (subtract line 7b from line 7a)	7c	618,15						0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			al	
	Contributions received or receivable from:		<u> </u>	_		100			
	1) Employers	8a(1)		0					
	2) Participants	8a(2)	16,94			\$ £		8 4 5 6	
	3) Others (including rollovers)	8a(3)	05.50	0	5.5		5 5 5 6		
	Other income (loss)	8b	85,72	23	2 6	5 5	E E 4: 5:	100.6	<u> </u>
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			G. S.			102,6	57
	o provide benefits)	8d	710,94	19			3 4 7 5 1		
е (Certain deemed and/or corrective distributions (see instructions)	8e		0			10000万万	11111	131
f /	Administrative service providers (salaries, fees, commissions)	8f	9,87	73	7. 3 2. 3 7. 3		电量用的复	1341	
g	Other expenses	8g		0	4.3	200	\$5.583		
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h		4. 7				720,8	22
i	Net income (loss) (subtract line 8h from line 8c)	8i		备				(618,15	5)
j ·	Fransfers to (from) the plan (see instructions)	. 8j		0		養養	15513	\$ 2 6 2 1	
Pa	t IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan Charac	teristi	c Cod	es in t	he instructio	ns:	
	2E 2F 2G 2J 2T 3D								
b	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instruction	s:	
Pa	rt V Compliance Questions								
<u>10</u>	During the plan year:				Yes	No	A	mount	
а ——	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
<u>c</u>	Was the plan covered by a fidelity bond?			10c	Х	ļ		6:	1,815
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
е	Were any fees or commisions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	n?	••••••	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Pai	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)							☐ Yes	X No
118	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amorti	zed in this plan year, see instruc	ctions onth	, and o	enter t	the date of that	ne letter rul Year	ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b			

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С	Enter 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)							
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?	***************************************	X Y	es 🔲				
	If "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 of the PBGC?					trol X Yes 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(1) Name of plan(s):	130	(2) EIN	(s)	13c	(3) PN(s)		
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				
CENTURY COLOR LABORATORIES, INC. 40			68-0525850					

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