## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	► Complete all entries in acc	cordance with the instru	ctions to the Form 5500	)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information				•	
		scal plan year beginning 01/01/2	2013	and ending 12	2/31/2	013	
A This r	eturn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
<b>B</b> This r	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	_	
C Check	k box if filing under:	Form 5558 special extension (enter descri	automatic extension			DFVC progra	am
Part II	Racio Blan Info	rmation—enter all requested info					
		imation—enter all requested inic	omauon	1	1h	Three-digit	1
<b>1a</b> Nam THE BEE F	•	Y, INC. 401(K) PROFIT-SHARING I	PLAN			plan number	
						(PN) <b>•</b>	003
					1c	Effective date of	
2a Plan	snonsor's name and ad	Idress; include room or suite number	r (employer if for a single	-employer plan)	2h	01/01 Employer Identi	fication Number
	PUBLISHING COMPAN		r (employer, ii for a single	-employer plan)			257210
E CHI IDCI	H HILL ROAD				2c	Sponsor's telep	
	N, CT 06470			-	2d		(see instructions)
3a Plan	administrator's name a	nd address XSame as Plan Sponso	or Name Same as Plai	n Sponsor Address	3b	5111 <sup>2</sup> Administrator's	
				-			
					30	Administrators	telephone number
		e plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b	EIN	
	ie, Elin, and the plan hui isor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		54
<b>b</b> Tota	I number of participants	at the end of the plan year			5b		52
		account balances as of the end of th			5c		36
		s during the plan year invested in eli					X Yes No
<b>b</b> Are	you claiming a waiver o	f the annual examination and report	of an independent qualifie	ed public accountant (IQF	PA)		
		? (See instructions on waiver eligibil ither line 6a or line 6b, the plan ca	-				X Yes No
-		fit plan, is it covered under the PBG					Not determined
							140t determined
		or incomplete filing of this return					
SB or Scl		her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.					
SIGN	Filed with authorized	valid electronic signature.	08/26/2014	HELEN SMITH			
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal sigi	ning as plan adr	ministrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individu	ıal sigı	ning as employe	er or plan sponsor
Preparer'	s name (including firm r	name, if applicable) and address; inc	clude room or suite number	er (optional)	Prepa	arer's telephone	number (optional)
				ļ			

Form 5500-SF 2013 Page **2** 

Pai	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	(a) Beginning of Yea				7624118
	Total plan liabilities	7b	302.01				7021110
	Net plan assets (subtract line 7b from line 7a)	76 7c	652197	8			7624118
	Income, Expenses, and Transfers for this Plan Year	70					
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	3229	9			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	122379	3			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1256092
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15187	8			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	207	4			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					153952
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					1102140
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions withi	n the time period described in rection Program)	10a		Χ	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service, or other organization that provides some or all			40	X		4004
	instructions.)			10e		X	1681
	Has the plan failed to provide any benefit when due under the plan	n?		10f			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					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,	-					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter the Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					_ ~ J	
	Enter the minimum required contribution for this plan year	,	•			12b	

Page	3 -		1
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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)	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?	Y	es X No	
	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 coof 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), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		at Identification Information				
Par	rt I Annual Repo	ort Identification Information or fiscal plan year beginning 01/01/2013		and ending 12	2/31/2013	
			multiple employer pl	an (not multiemployer)	∏ a one-na	rticipant plan
	his return/report is for:			ari (not mulliemployer)	☐ a one-pa	тиогрант ріан
ВТ	his return/report is:	<u> </u>	he final return/report	/		
				/report (less than 12 mo		
<b>C</b> C	heck box if filing under:	∑ Form 5558	utomatic extension		☐ DFVC pr	ogram
		special extension (enter description				
Par	t II Basic Plan I	nformation—enter all requested informat	ion	6		- ,
	Name of plan				1b Three-digit plan number	er .
The B	ee Publishing Company,	Inc. 401(k) Profit-Sharing Plan			(PN)	003
					1c Effective da	te of plan
2a F	Plan sponsor's name and	address; include room or suite number (em	ployer, if for a single-	employer plan)	, ,	lentification Number
The Be	ee Publishing Company,	inc.			(=114)	-0257210
<b>=</b> 01						elephone number ) 426-3141
	rch Hill Road wn, CT 06470					nde (see instructions) 1110
		e and address X Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	<b>3b</b> Administrat	or's EIN
					3c Administrat	or's telephone number
		f the plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN	
	name, EIN, and the plan Sponsor's name	number from the last return/report.			4c PN	
	PARKATI BESCHOOLS	ants at the beginning of the plan year			5a	54
		ants at the end of the plan year			5b	52
		with account balances as of the end of the pla			30	
С	complete this item)	with account balances as of the end of the pr	arr year (defined bene		5c	36
		sets during the plan year invested in eligible				X Yes No
b	Are you claiming a waive	er of the annual examination and report of and -46? (See instructions on waiver eligibility and	n independent qualifie ad conditions )	d public accountant (IQI	PA)	X Yes No
	If you answered "No" 1	to either line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form 5500.	
		enefit plan, is it covered under the PBGC ins				X Not determined
		ate or incomplete filing of this return/repo				
SB o	er penalties of perjury an r Schedule MB complete f, it is true, correct, and c	d other penalties set forth in the instructions, ad and signed by an enrolled actuary, as wel complete.	I declare that I have I as the electronic vers	examined this return/report,	, and to the best c	f my knowledge and
SIGN		hsmith	08/12/2014	Helen Smith		
HER	E Signature of pla	an administrator	Date	Enter name of individu	ual signing as plar	administrator
CICA						
SIGN	F		Data	Fut	ual signing as ami	lover or plan aponeer
100000000000000000000000000000000000000	Signature of en	nployer/plan sponsor rm name, if applicable) and address; include	Date	Enter name of individu		none number (optional)
Frep	arer's name (including in	m name, ii applicable) allu audiess, molude	Toom or salte number	, (optional)	. roparor o totopi	(optional)

Par	t III Financial Information				_		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	6521978	3			7624118
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	6521978	3			7624118
8	Income, Expenses, and Transfers for this Plan Year	3	(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)				- 19	
-	(2) Participants	8a(2)	32299	)			
	(3) Others (including rollovers)	8a(3)			11		
	Other income (loss)	8b	1223793	3			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1256092
$\overline{}$	Benefits paid (including direct rollovers and insurance premiums		151878	2			
	to provide benefits)	. 8d	131076	,	+-	-	
	Certain deemed and/or corrective distributions (see instructions)	8e	2074	1	+		
f	Administrative service providers (salaries, fees, commissions)	. 8f	2072	+	+-		Y TO STATE OF THE
g_	Other expenses	. 8g			+		153952
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		-	+		
<u></u>	Net income (loss) (subtract line 8h from line 8c)	. 8i			-		1102140
	Transfers to (from) the plan (see instructions)	8j			1-	_	
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 3D	feature cod	les from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cteristi	c Cod	es in th	ne instructions:
D	In the plan provides werrare benefits, effect the applicable werrare in	001010 0000					
Par	V Compliance Questions						
10				T	Yes	No	Amount
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	utions within	the time period described in ection Program)	10a	Yes	No X	Amount
a	During the plan year:	uciary Corre t? (Do not ir	ection Program)nclude transactions reported	10a 10b	Yes		Amount
a	During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DoL's Voluntary Fide.  Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre t? (Do not ir	ection Program)		Yes	Х	Amount 500000
a b	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	t? (Do not ir	ction Program)	10b		Х	
a b c	During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and policy services and Dolicy services. Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	t? (Do not in	ection Program)  nclude transactions reported  d, that was caused by fraud	10b 10c		×	
a b c	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	t? (Do not ir fidelity bon her persons of the bene	d, that was caused by fraud by an insurance carrier, sfits under the plan? (See	10b 10c	X	×	
a b c d	During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othin insurance service, or other organization that provides some or all instructions.)	t? (Do not ir fidelity bon	d, that was caused by fraud by an insurance carrier, fifts under the plan? (See	10b 10c 10d	X	×	500000
a b c d e	During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and policy voluntary. Fide there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plantage of	t? (Do not ir fidelity bon her persons of the beneath)	d, that was caused by fraud by an insurance carrier, efits under the plan? (See	10b 10c 10d	X	x x	500000
a b c d d e e f g	During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	t? (Do not in fidelity bon her persons of the benears of year er	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	X	x x	500000
a b c d d e e f g	During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)	t? (Do not in fidelity bon her persons of the benear)	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g	X	x x x	500000
a b c d e f g h	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	t? (Do not in fidelity bon her persons of the benear)	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	x x x	500000
ab	During the plan year:  Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	tree (See instructions)	d, that was caused by fraud by an insurance carrier, effts under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X A A A A A A A A A A A A A A A A	500000 1681
a b c d e f g h i Part	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance	tree instructions of the beneating the required the requi	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X A A A A A A A A A A A A A A A A	500000  1681  3 (Form Yes X No
a b c d e f g h i Part	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	trom Schedu	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.) ctions and 29 CFR  notice or one of the  yes," see instructions and comule SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X dule SE	500000  1681  3 (Form Yes X No
a b c d e f g h i Part 11 11a 11a 12	During the plan year:  Was there a failure to transmit to the plan any participant contributions.  29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for the string and the string and the subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	try (Do not in the persons of the beneath of the beneath of the persons of the pe	cection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schection	X X X X Aule SE	500000  1681  3 (Form Yes X No  ERISA? Yes X No
a b c d d e e f g h i 11a 11a 12 a	During the plan year:  Was there a failure to transmit to the plan any participant contributions.  29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	trick the required	d, that was caused by fraud by an insurance carrier, effts under the plan? (See  and.)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schection	X X X X Aule SE	500000  1681  3 (Form Yes X No  ERISA? Yes X No
a b c d d e e f g h i 11a 11a 12 a	During the plan year:  Was there a failure to transmit to the plan any participant contributions. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	trick the required	d, that was caused by fraud by an insurance carrier, effts under the plan? (See  and.)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schection	X X X X X Adule SE	500000  1681  3 (Form Yes X No  ERISA? Yes No